



Geriatric Hospital Nurses' Perceived Barriers to Research Utilization and Empowerment



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SUMMARY

Purpose: The quality of nursing care in geriatric hospitals has been of concern. Nurses need to provide evidence-based nursing using best available research findings in order to maximize the quality of care. Research utilization is a major part of evidence-based nursing practice. Empowerment is an important factor that may influence the context of nursing practice. The purpose of this study was to identify the barriers to research utilization in nursing practice and its relationship to empowerment perceived by registered nurses (RNs) in geriatric hospitals.

Methods: A descriptive, correlational design was used. A total of 147 RNs from six geriatric hospitals in K province of Korea participated. The BARRIERS scale and the Conditions of Work Empowerment Questionnaire-II were administered to identify perceived barriers to the use of research findings and the level of perceived empowerment respectively.

Results: Participants rated that research reports being written in English constituted the greatest barrier to the use of research findings. The score was the highest for the Communication domain, suggesting the greatest barrier, and the lowest for the Adopter domain. Subscales of the Conditions of Work Empowerment Questionnaire-II were significant predictors of the Adopter, Organization, and Communication domains of the BARRIERS scale.

Conclusions: This study found that RNs in geriatric hospitals perceived that interpreting and understanding research reports in English was the greatest barrier to the use of research findings. Administrators and nurse managers of geriatric hospitals need to provide RNs with opportunities to participate in research-related activities and to empower RNs in order to facilitate research utilization.

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Introduction

Geriatric hospitals are rapidly growing segments among long-term care facilities in Korea. However, the growth of geriatric hospitals has raised concerns regarding the quality of nursing care provided to older patients. It was reported that 44.3% of Korean elderly had more than three chronic illnesses and that approximately 60% of older adults living in long-term care facilities had more than two chronic diseases [1,2]. These data imply that the condition of patients in geriatric hospitals is likely to easily deteriorate unless appropriate efforts are made to maintain physical or psychological functions and to prevent the exacerbation of current illnesses of older patients. The rapid increase in the elderly

population is raising the need for nurses working in geriatric hospitals to develop strategies for providing high-quality care based on sound evidence. This is especially important since nurses are the healthcare professionals directly involved in the health outcomes and safety of patients, playing a major role in planning and providing patient care in geriatric hospitals.

Nursing research has proved that patients who received care based on quality evidence improved health outcomes. However, findings of nursing research were often conveyed to researchers and not to nurses in clinical settings [3,4]. Therefore, the concept of research utilization (RU) was introduced to nursing in the early 1970s [5,6]. RU is an important part of evidence-based practice in that implementing and sustaining RU result in evidence-based practice [7].

Using research evidence in nursing practice involves a complex social process that is influenced by the characteristics of individual nurses as well as the context in which the practice is performed [8]. In the Promoting Action on Research Implementation in Health

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Services framework [9], successful research implementation is a function of the relationships among evidence, context, and facilitation. This framework proposes that successful implementation occurs with the research evidence that is scientifically robust and matches professional consensus and patient preferences, the context that contains sympathetic cultures, strong leadership, and adequate monitoring and feedback system and appropriate facilitation of change. Particularly, characteristics of a context are keys to promoting a more conducive environment to implement research evidence into practice. Among the characteristics of the context, effective leadership is known to be essential in implementing evidence-based nursing practice. However, little is known about the influence of individuals' empowerment, which is another important factor that influences the context of nursing practice [10]. According to Kanter [11,12], structured empowerment is defined as (a) power, that is, access to resources, support and information and (b) opportunity, that is, access to challenge, growth and development. The power and opportunity structures in organizations are directly associated with the behaviors and attitudes of employees [11]. Structured empowerment has been reported to be one of the predictors of job satisfaction, organizational commitment, turnover intention, and innovative behavior of nurses [10,13]. In order to fill the gaps between research and nursing practice, identifying barriers to RU and the influence of structured empowerment in the practice context is needed.

A variety of work environment-related and individual-related predictors of perceived barriers to RU have been identified for decades [14,15]. The major identified barriers to RU of nurses have included organizational factors such as a lack of organizational support or mentoring from supervisors [15,16], time limitations [15], and individual factors such as the lack of an academic degree [15] and poor research-activity participation [17,18]. However, most of these studies of the barriers to RU and perceived empowerment of RNs have been conducted in acute hospital settings [13,19–21], with little being known in geriatric hospitals. RNs working in geriatric hospitals have a different work environment from those in acute care settings. Coupled with an RN shortage, the nursing staff in geriatric hospitals suffers from more conflicts with patients' families, lower wages, and lower job satisfaction than those working in acute care settings [22–24]. Therefore, the perceived barriers to RU as well as empowerment may also differ between nurses working in acute hospital settings and geriatric hospitals.

The overall aims of this study were to identify geriatric hospital nurses' perceived barriers to research utilization and its relationship to perceived empowerment. The specific aims were to identify (a) demographic and research-related characteristics, (b) the rank order of the perceived barriers to RU in nursing practice, (c) the level of perceived empowerment, and (d) predictors of the perception of barriers to RU of RNs working in geriatric hospitals.

Methods

Study design

This study used a descriptive, correlational design.

Setting and sample

Six geriatric hospitals in K province of Korea participated in this study. Using a convenience sampling strategy, the RNs having more than 2 months of working experience in their current geriatric hospitals were invited to this study. Two-month working experience was determined based on small bed sizes ranging from 99 to 269, 1-month job orientation period for new nurses of the

participating geriatric hospitals and a literature review regarding perceived empowerment of nurses [25].

The G*power 3.1 software [26] was used to decide the required sample size. The a priori power analysis yielded a sample size of 109 nurses for a small effect size ($\gamma = 0.15$), where alpha was .05, and power ($1-\beta$) was .80. Among 223 RNs who met the inclusion criteria from the participating hospitals, 150 agreed to participate and completed the questionnaires yielding the response rate of 67.3%. Three of 150 were excluded from analysis because there were more than two thirds of the answers left blank. Therefore, data from 147 participants were used for analysis.

Ethical consideration

The Institutional Review Board of Keimyung university hospital in Daegu, Gyeongsang province approved this research project prior to the survey (Approval no. 11-198). Informed and signed consents were obtained after explaining the purpose and procedure of this study, that participation would be voluntary, and that demographic information of the respondents would not be disclosed to anyone other than ourselves. Code numbers were used on the completed questionnaires to ensure anonymity.

Measurements

The demographic characteristics measured included age, sex, marital status, education, employment status (part-time or full-time), position, years of clinical experience, and monthly wages. The research-related characteristics measured included experiences of taking research-method courses, research project participation, academic membership, and professional journal subscriptions. Participants also reported which sources of information they consulted when questions arose in their clinical practice.

Perceived barriers to RU

Perceived barriers to the use of research findings in clinical practice were assessed using the BARRIERS scale developed by Funk and associates [27], which consists of 28 items in four subscales: Adopter, Organization, Research, and Communication. The meaning of each subscale of the BARRIERS scale is as follows: The Adopter subscale refers to the extent which nurses perceive their research values, skills and awareness as barriers to research utilization. The Organization subscale refers to the extent which nurses perceive barriers and limitations exist in work settings. The Research subscale refers to the extent which nurses perceive qualities of research as barriers to research utilization. Finally, the Communication subscale refers to the extent which the nurses perceive presentation and accessibility of the research as barriers to research utilization.

One additional item was subsequently added based on studies performed by authors from non-English speaking countries [20,28], because the present authors expected that a language barrier might exist among the readers whose first language was not English due to the tendency for high-quality findings to be published in English. This item is "Research reports are written in English thus constituting a barrier," and was also included in the present research project; the questionnaire therefore comprised a total of 29 items. However, this item was excluded from statistical analysis in order to compare the results of the previous studies that used the original BARRIERS scale with 28 items [27]. Each question is rated from 1 (*to no extent*) to 4 (*to a great extent*), with higher scores indicating greater perceived barriers. "No opinion" was also included in each item. In addition to the rating scale, respondents were invited to list other barriers not included in the questionnaire, three greatest barriers and the factors that can facilitate RU. The Cronbach's alphas

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