



An exploration of nursing research perceptions of registered nurses engaging in research activities at a metropolitan hospital in Western Australia



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Summary

Aim: To explore perceptions about nursing research of registered nurses (RNs) who were engaged in research activities at a metropolitan hospital in Western Australia.

Background: In order to improve RNs' research engagement and promote evidence-based practice, Nurse Research Consultants (NRCs) were appointed jointly by the study hospital and a local university. This joint appointment commenced in 2004 in the hospital's emergency department. Early findings indicated that the NRC role was effective in assisting registered nurses with research activities and hence the NRC role was expanded to all areas of the hospital. However, no formal investigation had been carried out to explore the effect of the NRC role on RNs' engagement with nursing research across the hospital.

Design: A qualitative interview process.

Methods: Ten RN participants from the adult and paediatric wards were interviewed. Audio-recorded data were transcribed verbatim and thematic analysis was undertaken.

Results: Four main themes were identified, namely: perceptions of nursing research, perceived enablers, perceived barriers and improving research engagement. There was some overlap with some sub-themes being linked with more than one theme. This appeared to be due to differing levels of research education and research engagement.

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Conclusion: 6pc Some of the RNs that participated in this study were experienced in the conduct of research, finding adequate support from NRCs in the workplace, whilst others experienced barriers limiting their involvement in nursing research activities. These barriers could be reduced with additional education, support, improved communication, time and opportunities to undertake research activities.

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Introduction

Evidence-based practice (EBP) should result in elevated standards of nursing care (Niederhauser & Kohr, 2005) and enhanced personal and professional growth for registered nurses (RNs) (Hommelstad & Ruland, 2004). However, despite different programs and strategies to enhance the use of research findings, a gap of up to 17 years still exists between research findings and their implementation into nursing practice (Oman, Duran, & Fink, 2008). In Australia it is a national competency requirement that RNs practise within an evidence-based framework. Hence, they should be able to identify the relevance of research, use best available evidence, demonstrate analytical skills in accessing and evaluating research evidence, support and contribute to nursing and health care research and participate in quality improvement activities (Australian Nursing and Midwifery Council, 2006). The Joanna Briggs Institute was founded in Australia in 1996 to implement protocols for evidence-based practice (Olade, 2003) and the National Institute for Clinical Studies was founded in 2000, to promote the development and maintenance of public and individual health standards (National Institute of Clinical Studies, 2009). Despite such initiatives there appears to be a lack of consensus amongst Australian nursing and midwifery opinion leaders on what constitutes 'evidence' which may contribute to nurses and midwives being unclear about how to translate evidence into clinical practice (Waters, Rychetnik, Crisp, & Barratt, 2009).

Collaboration in the form of joint appointments between universities and service institutions has been used to enhance research utilisation in the United States, United Kingdom, Sweden and Australia (Campbell & Taylor, 2000). Nurse academics have headed up research teams and provided ongoing research teaching and support to clinical nurses undertaking research (Campbell & Taylor, 2000; Chapman & Combs, 2005). In 2004, a Nurse Research Consultant (NRC) was jointly appointed from a university to the emergency department (ED) of a metropolitan hospital in Western Australia (WA). The presence of the NRC resulted in research skill development and an increase in EBP within the ED (Chapman & Combs, 2005). Due to the positive effects noted in the ED, the NRC role was expanded to all areas of the hospital and more NRCs were appointed. This led to more research education and training opportunities, such as the Clinical Scholar Program modelled after the Schultz (2008) program of the same name. It provided formal research theory education and assistance with developing a clinical research problem into a research proposal for investigation (Chapman et al., 2011). There had been no follow-up to explore RNs' perceptions of their engagement with nursing research following the expansion

of the NRC role at the hospital. This paper presents the findings from interviews with RNs engaging in research activities and explores their perception of their engagement with nursing research, following the expansion of the NRC role.

Methods

A qualitative exploratory method was utilised to explore RNs' perceptions of their engagement with nursing research at a Perth Metropolitan hospital, as little information specific to the site was available (Macnee, 2004). Permission to undertake this study was obtained from the local university and the study hospital. Purposive sampling was utilised to identify RNs in adult and paediatric wards who engaged with research activities within the hospital. Once identified these individuals were approached by the researcher (the first author) and invited to participate in the study. Participation was voluntary. Participants were provided with study information and written informed consent was obtained. Confidentiality and anonymity were maintained throughout. The data were managed and stored according to NHMRC guidelines (National Health and Medical Research Council, 2001).

Data collection involved individual face-to-face interviews between February and November 2011. Interview questioning revolved around their understanding of nursing research, the research activities they engaged in, formal/informal preparation to undertake research and their ability to undertake research activities. Interviews were conducted in a private room within the hospital and were audio taped, with hand written field notes being made. Member checks were undertaken at the end of each interview, where field notes gathered were summarised and confirmed with participants. Recorded data were transcribed verbatim into text for analysis. Sample size was determined by data saturation (Burns & Grove, 2009), which started to occur after the sixth interview. In order to be certain that all aspects of the exploration had been investigated thoroughly, a further four participants were recruited, resulting in a final sample of 10 participants. Thematic analysis was carried out manually by the first author. This involved extensive reading of the transcripts to allow for the meaning within the data to emerge. Meaningful data were coded and similarities and patterns were grouped to form sub-themes and themes (Morse & Field, 1995). As saturation became evident, the themes identified were reviewed by the second and third authors against the raw data to ensure rigour and consistency; very few initial differences had to be resolved.

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