The cutting edge of nursing research: Strengthening evidence-based practice

Author
Gillespie, Brigid Mary

Published
2014

Journal Title
ACORN Journal

Copyright Statement
Copyright 2014 ACORN. The attached file is reproduced here in accordance with the copyright policy of the publisher. Please refer to the journal's website for access to the definitive, published version.

Downloaded from
http://hdl.handle.net/10072/63491

Link to published version
http://www.acorn.org.au/journal
The cutting edge of nursing research: strengthening evidence-based practice

This guest editorial is based on the presentation given at the 39th Annual PNAQ State Conference, Brisbane, 12 October 2013.

Inspired by Emeritus Professor Anne McMurray AM.

The new century has heralded dramatic changes in health care which have major implications for clinical practice. To respond to these changes, our research agendas will need to develop and adapt in tandem with the complexities of the workplace, the growth of technologies, rising patient acuity, evolving models of care, and the generational divide in the nursing workforce. The most consequential and impactful research will focus on the processes of quality care, and the ways in which health outcomes are shaped by environmental factors that modify health throughout the health illness trajectory and across the lifespan. An optimistic future will see our research agendas continue to inform clinical practice to ensure that the health care delivered is contextually responsive, appropriate, acceptable, cost-effective and underpinned by quality and safety. While the only constant in health care is change, it is timely to reflect on the aspects of clinical practice and research that have changed, and those which have remained the same.

What has not changed in practice?

The fundamentals of good nursing care: There is still a need for human qualities such as kindness, compassion, thoughtfulness, understanding, and skilled nurses who competently assist patients in managing the technical, procedural and treatment elements of their condition and care. In the perioperative setting, nurses have a narrow window of opportunity to connect on an individual level with patients, who are already stressed as a result of their imminent surgery. The most consequential and impactful research will focus on the processes of quality care, and the ways in which health outcomes are shaped by environmental factors that modify health throughout the health illness trajectory and across the lifespan. An optimistic future will see our research agendas continue to inform clinical practice to ensure that the health care delivered is contextually responsive, appropriate, acceptable, cost-effective and underpinned by quality and safety. While the only constant in health care is change, it is timely to reflect on the aspects of clinical practice and research that have changed, and those which have remained the same.

What has changed in practice?

The patient journey requires non-hierarchical, interdisciplinary collaboration and shared responsibility that edifies patient decision-making. Patients coming into hospitals are vulnerable and getting ‘sicker’ but, ironically, patient acuity continues to determine the extent to which collaboration and coordination of care occurs. It seems that the greater the complexity in patient care — the greater the likelihood for error. As perioperative nurses, we are often called on to advocate for patients in a practical sense — to be their ‘eyes and ears’.

The disconnect between theory and practice: There is a persistent belief that nurses should be educated in hospitals, because they are still not ‘work-ready’ or ‘fit for purpose’ when they graduate. This ideology is driven by a political agenda that appears to be more interested in generating nursing numbers on a roster to meet shortages, and provide ‘training’ close to rural and regional areas to save money, rather than developing nurses who are critical thinkers. Research evidence continues to be under-utilised in clinical practice. The adage, “that’s always been the way we do things around here” stifles innovation, creativity and critical thinking. Nursing students remain sceptical of research, likely because they have not had the opportunity to build a foundation of clinical experience upon which research can be incorporated and contextualised. In order to truly appreciate the value and potential of research in enriching practice, nurses need to develop strong clinical practice foundations that can inform, and be informed, by research.

Workforce sustainability in relation to staff shortages, skill mix, retention, and increasing time constraints in the clinical environment remain a reality in health care. Considerable international research evidence demonstrates the relationship between nurse staffing levels, adverse events, mortality and failure to rescue. Persistent problems such as nurse turnover, workplace instability due to organisational restructuring, work intensification and complexity, a lack of teamwork, involuntary overtime, poor leadership, and the generational divide contribute to workforce instability. Young nurses find the work setting less consistent with personal values, react to loss of control, experience burnout more readily, and are less inclined to participate in knowledge sharing.

What has changed in practice?

Nurses are ageing, with many working beyond their expected retirement dates. Work-life balance, access to flexible work options, safe staffing levels, self-rostering, overcoming the culture of bullying and ageism, and appropriate pay are becoming increasingly important to nurses. Yet nurse satisfaction is declining and many more nurses are opting to work part-time. Factors such as role conflict, social climate, and work control contribute to workplace bullying and incivility, despite health care organisations having ‘zero-tolerance’ policies to bullying behaviours. For new graduates, the effects of bullying can be paralysing as they transition to new professional roles. Our new graduates represent the future of perioperative nursing. We need to nurture and mentor them and hopefully they will stay...
Evolving models of care: Non-traditional, intrapreneurship, and entrepreneurship in nursing. Around 1% of nurses worldwide practise as independent practitioners in either extended or advanced practice roles. Historically, barriers to self-employment have been a lack of recognition, professional isolation, a lack of safety net, resistance or hostility from colleagues, a dearth of research to support role viability, and a lack of access to an education system that allows seamless progression to higher levels. We are entering a watershed period with the growing number of perioperative nurses undertaking further studies to perform these roles, which are defined by a holistic approach that encompasses the pre-, intra- and post-operative periods of care. These are exciting times for perioperative nurses, and we must celebrate the achievements of our colleagues who have had the courage to pursue such roles in the face of considerable professional and political opposition. As models of care continue to evolve, our clinical roles in perioperative nursing will inevitably change. This is a certainty. Rather than lamenting the loss of clinical roles and titles, we need to demonstrate the value that nurses add to this context — using a holistic approach to providing safe patient care. We must also embrace new and emergent roles and have a voice in the political fora that has the potential to influence and shape our professional future. If we remain complacent, a continued nursing presence in the perioperative environment is under threat.

What has not changed in research?
Fierce competition for research funding and gender bias: As government funds for research shrink, and the national priorities for research shift, nurse researchers are continually challenged to refocus, re-evaluate, and reframe their research questions and the programs of research they lead. Historically, being an early career researcher and a female has contributed to a lack of national competitive research funding allocated to women as researchers. Women continue to be under-represented in academe when it comes to promotion to the higher academic levels (that is, Professor). Clearly, to be successful in this competitive (and often cut-throat) environment, a woman has to be twice as good as any man ...

A lack of clarity around the most effective interventions: Although there are studies that have shown relationships between the nurse ‘dose’ (active ingredient and intensity) and adverse events such as patient harm, the evidence is not clear around the quantity of nurse staffing that is associated with optimal outcomes. As noted above, nurse researchers are continually challenged to reframe and reframe their research questions and the programs of research they lead. Historically, being an early career researcher and a female has contributed to a lack of national competitive research funding allocated to women as researchers. Women continue to be under-represented in academe when it comes to promotion to the higher academic levels (that is, Professor). Clearly, to be successful in this competitive (and often cut-throat) environment, a woman has to be twice as good as any man ...

Innovation is

a strong gelling-fibre dressing that stays in one piece when removed

Smith & Nephew develop products that help wounds heal, allowing people to return to normal life faster.

DURAFIBER® is a strong, gelling-fibre dressing that provides easy one piece removal. Its durable, highly absorbent construction minimises the risk of residue, which leads to quicker, more comfortable dressing changes for the clinician and patient.

This innovation to heal is just one product from the Smith & Nephew advanced wound care portfolio, where you’ll find a solution for many different types of wounds.

DURAFIBER® • ALLEVYN® • ACTICOAT® • IV3000® • OPSITE® POST-OP VISIBLE • PICO®

Trademark of Smith & Nephew 2013

Australia: T 13 13 60 www.smith-nephew.com.au/healthcare

New Zealand: T 0800 807 663 www.smith-nephew.com/nz
as falls, pressure ulcer incidence and MRSA infections, cause-
and-effect relationships have yet to be proven. To date, no study
has reported the combined effect of education, experience and
skill mix on patient outcomes in perioperative settings. Yet these
three variables collectively represent the concentration of nursing
knowledge in a unit/department that could be applied to quality
care. This type of research is begging to be undertaken in various
perioperative environments (that is, public and private settings) as a
way of demonstrating that nurses value-add and enhance patient care
in this setting.

What has changed in research?

Use of new and sophisticated research methods: There has been a
gradual shift in the focus of nursing research, with less focus inwards
(nurse population), and more focus outwards (patient population).
Methodological innovations in research focus and methods over the
past 25 years indicate a growing maturity in research designs with an
increasing number of studies focusing on practice issues and health
services research. There has been a decline in theory development
and testing, and theory-based studies. Qualitative studies have
increased. Psychological variables (such as resilience, self-efficacy)
and adult populations continue to be studied. In quantitative
studies correlational, experimental and methodological studies
(for example, tool/scale development) have increased. Descriptive
and comparative studies have decreased. The use of sophisticated
multivariate modelling techniques has increased. Longitudinal studies
have remained stable over time. We are now in a paradigmatic shift
towards translational research.

Growth of translational research: There has been a shift in emphasis
from collecting research evidence, to using systematic review
methods, through to developing evidence-based guidelines. Research
knowledge is produced relatively quickly yet changes to practice are
slow, which has led to the growing use of knowledge translation
methods in research findings dissemination. Generating research
evidence is important but if it is not being utilised in clinical practice
and referred to in standards and clinical guidelines, then there
are few, if any, benefits derived. Translational research is about
creating, transferring and transforming knowledge from one social
or organisational setting to another in ways that increase the
accessibility and usability of the evidence derived through research
findings. Knowledge translation facilitates accessibility, application
and production of evidence. Collaborative research and dissemination
provide local, contextually appropriate knowledge, which should
be theory-based but locally translated. Importantly, organisational
support for practice change is necessary.

The future: What are the research priorities for nursing?

What does the future hold? The only constant in clinical practice and
research is change. While there are bound to be ongoing challenges,
it is vital that clinicians and research come together as members of
interdisciplinary teams on projects as the points of difference will
enrich and inform the research that underpins safe patient care. I see
future research endeavours focusing on the following areas:

Person-focused care — research that identifies strengths and protective
factors in different patient populations. Investigate the ways in which
patient outcomes are mediated by personal and nurse characteristics,
and the context of the interventions.

Decision making in health care which includes investigating the impact
of experience versus expertise, management versus leadership, and
knowing that versus knowing how and why.

Providing cost-effective and accessible health care — extending
randomised controlled trials to include parallel economic evaluations
of clinical interventions. Cost benefit analyses would also include
economic evaluation of nursing skills, expertise and experience will
provide further evidence for the benefit of the nurse ‘dose’.

Translational research — moving research evidence from the bench to
the bedside, and making it more accessible to end users (for example,
nurses, doctors, health administrators and policy makers).

There are still many unanswered questions that warrant exploration
in perioperative contexts. As perioperative clinicians, educators,
managers and researchers, we must be prepared for, and embrace, the
changes that lie ahead and recommit to evidence-based practice. Our
patients depend on it.

References


2. Kitson A, Conroy T, Wengstrom Y, Proffetto-McGrath J & Robertson-

and where clinicians exercise power: interprofessional relations in

perceptions of the preparation for practice of registered and enrolled

of ‘lives saved’ measures in nurse staffing and patient safety research.

turnover intention, control, value congruence and knowledge
sharing between Baby Boomers and Generation X. Journal of Nursing

of health care reform with entrepreneurial and intrapreneurial nursing
initiatives. The Online Journal of Issues in Nursing, Vol. 17, No. 2,
Manuscript 5, pp. 1–13.

From theoretical model to practical use: an example of knowledge
2347.

Dr Brigid M Gillespie
Senior Research Fellow