

# Identifying the Barriers to Using Research at an Orthopedic Specialty Hospital

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## Background

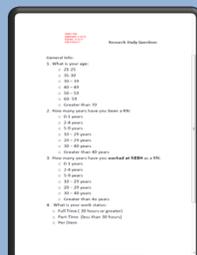
Evidence based practice (EBP) has long been recognized by the health care and nursing communities as best practice in delivering quality care and assuring positive patient outcomes. The Institute of Medicine (IOM) has recommended that 90% of all clinical decisions be evidence based by 2020. Despite the importance of EBP and a supportive Research Department at New England Baptist Hospital (NEBH), less than 5% of the nursing staff are actively involved in research. Current literature identifies a variety of barriers to nurses participation in research. The literature includes settings from smaller community hospitals to academic centers.

## Purpose

The purpose of this study was to identify the barriers to nursing research, at NEBH in order to develop and implement a plan of action to improve utilization and participation in nursing research. The greater aim is to improve patient outcomes using EBP on the nursing department's Journey To Excellence (JOE) and Magnet certification.

## Method

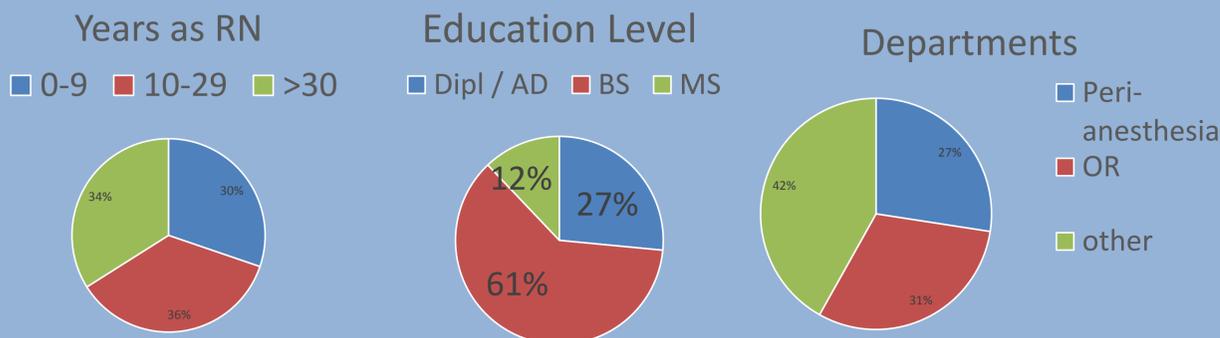
After IRB approval, a mixed-method descriptive study, with demographic questions (13) and the *BARRIERS to Research Utilization Scale*, a 29 Likert questionnaire with 3 open ended questions, was used to measure beliefs. The scale has reliability noted in 66 nursing studies, however there is some question as to the validity of the tools usefulness in implementation. The purpose of this study was only for a baseline. The surveys were distributed to all NEBH employed Registered Nurses (414) over a two week period, March 28, 2016 – April 11, 2016. 51% were returned completed. Data were analyzed using an ANOVA and qualitative belief responses were segregated into 4 themes.



## Results

Variable	Beliefs
Setting	<ul style="list-style-type: none"> <li>Insufficient time on the job to implement new ideas</li> <li>Not enough authority to change patient care procedures</li> <li>Physicians will not cooperate with implementation</li> <li>Administration will not allow implementation</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Research articles are not readily available</li> <li>Implications for practice are not made clear</li> <li>Statistical analysis are not understandable</li> <li>The research is not relevant to the nurse's practice</li> </ul>
Adopter	<ul style="list-style-type: none"> <li>The nurse is unaware of the research</li> <li>Isolated from knowledgeable colleagues to discuss research</li> <li>Minimal benefits to changing practice</li> <li>Unwilling to change /try new ideas</li> </ul>
Innovation	<ul style="list-style-type: none"> <li>The research has not been replicated</li> <li>The literature reports conflicting results</li> <li>Research reports/articles are not published fast enough</li> <li>Uncertain whether to believe the results of the research</li> </ul>

## Demographics N=215



## UNEXPECTED RESULTS

Communication domain barriers were rated as **higher** barriers for those with diploma/associate and BSN degrees as compared to those with MSN degrees.  $p < 0.05$

Adopter (nurse's values, skills, and awareness) domain barriers were rated as **higher** for those RNs with 10-29 years of experience as compared to those with 0-9 years of experience.  $p < 0.05$

## Limitations

This study was limited by a 51% return rate however the demographics reflected the current age and education mix of NEBH. The study was limited to the population of RNs employed at the time of the study.

## Conclusion

The tool helped illuminate the barriers at NEBH and appear consistent with other studies on the subject.

## Implications for Practice

Members of the research council will be collaborating with a multidisciplinary team to create and implement an action plan to facilitate nurses' engagement with nursing research. The specific areas that will be focused on and which have been derived from this study's results include research education, perceptions of the individual nurse, and organizational restructuring.

## References

Funk, S. G., Champagne, M.T., Wiese, R.A., & Tornquist, E.M. (1991). BARRIERS: The barriers to research utilization scale. *Applied Nursing Research*, 4(1), 39 – 45.

Funk, S.G., Champagne, Wiese, R.A., & Tornquist, E.M. (1991). Barriers to Using Research Findings in Practice: The Clinician's Perspective. *Applied Nursing Research*, 4(2), 90-95

Karkos, B., Peters, K. (July/Aug 2006) A Magnet Community Hospital: Fewer Barriers to Nursing Research Utilization. *JONA*, 36 (7/8), 377 - 382.

Kelly, K., et al (2013). National Survey of Hospital Nursing Research Part 2, Facilitators and Hindrances. *Journal of Nursing Administration*, 43 (1), pp 18 – 23.

Mick, J. (2011). Promoting clinical inquiry and evidence-based practice. *Journal of Nursing Administration*, 4,(6), 280-284.

Melnyk, Bernadette, et al. (2011). Sustaining Evidence Based Practice Through Organizational Policies and an Innovative Model. *American Journal of Nursing*, 111,(9), 57-60.