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What Factors Influence Primary Health Care Nurses
Implementation of Evidence in Clinical Practice:
A Descriptive Survey

A 60 point research report in partial fulfilment of the requirements for the
degree of Masters of Nursing

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Patsy Prior
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ABSTRACT

Introduction:

The role of primary health care nurses is an explicit feature of the modernization agenda of the New Zealand health service. Increasing importance is being placed on service improvement through effective decision making and enhanced clinical performance. To contribute to the development of primary health care it is crucial that nurses have the skills to appropriately implement research based and other evidence in practice. Evidence-based practice is equated with effective, high quality care and avoidance of habitual practices and techniques.

Method:

This study involved 55 West Auckland primary health care nurses working in the general practice setting. The aim of the study was to describe nurses' perceptions of their use of evidence-based practice, attitudes toward evidence-based practice and perceptions of their knowledge/skills associated with evidence-based practice. An additional aim was to determine the effect of educational preparation on practice, attitudes and knowledge/skills toward evidence-based practice. A non-experimental descriptive survey design was selected for this study.

Results:

The results of this study demonstrated that nurse's attitudes toward evidence-based practice, knowledge and skills relevant to the implementation of evidence-based practice and the educational preparation of the nurses were important factors influencing the effective utilization and application of research results in practice.

Conclusion:

The implementation of educational interventions are identified as an integral aspect of implementing evidence-based practice and enhancing primary health care nurses' knowledge and skill relevant to implementing evidence in practice. Therefore the emphasis should be on creating and promoting a culture, in which primary health care nurses recognize the need for improving their care, seek the knowledge and skills to do so, and feel supported, encouraged and valued. Further research is needed to assess the contextual factors influencing the achievement of evidence-based practice by primary health care nurses. These factors need to be identified and addressed, both at local and national levels, if evidence-based practice is to become a reality.

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ABBREVIATIONS

BPS Best Practice Statements

CIAP Clinical Information Access Programme

DHBS District Health Boards

EBQ Clinical Effectiveness and Evidence-Based Practice Questionnaire

KMO Kaiser-Meyer-Olkin

NZPHD New Zealand Public Health and Disability Act

PARIHS Promoting Action on Research Implementation in Health Services

PHO Primary Health Care Organizations

SPSS Statistical Package for the Social Sciences

Chapter One: Introduction

A strong primary health care system is central to improving the health of New Zealanders and in particular, reducing inequalities in health. The government identifies primary health care nursing as being crucial to the implementation of the Primary Health Care Strategy. Internationally, the potential for nurses to improve health in primary health care settings is acknowledged (Halcomb, Patterson, & Davidson, 2006). Increasing importance is being placed on improving health outcomes through the use of evidence. Consequently, effective clinical decisions based on available evidence are necessary if primary health care nurses are to best meet the needs of client/patients (Mantzoukas, 2008). Furthermore, nurses are becoming more accountable for the care they provide (McKenna, Ashton, & Keeny, 2004) and policy, political and professional imperatives have made evidence-based practice a clinical prerequisite for clinical practice (Mantzoukas, 2008).

Evidence-based practice is equated with consistent high quality care, with effective decision making (Mantzoukas, 2008) and offers a mechanism for discarding ineffective practices and techniques (Dopson, Locoock, Gabbay, Ferlie, & Fitzgerald, 2003). Governments around the world are encouraging evidence-based practice; this has led to a variety of initiatives, including the introduction of centres for evidence-based practice, dedicated journals, protocols, policies, guidelines and websites. However, it is recognized that the process of implementing evidence into practice is complex and involves more than a single focus on the practice of individual nurses. Implementing change, using evidence in practice and improving the quality of client/patient care are difficult processes which do not follow logical and linear paths (Rycroft-Malone et al., 2004a). The data from this study measured primary health care nurses' perceptions of their use of evidence-based practice, attitudes toward evidence-based practice, their knowledge/skills to access and interpret evidence and the effect of educational preparation on practice, attitudes and knowledge/skills associated with evidence-based practice.

This chapter presents the background, outlines the research question and the aim associated with this study. The context of this study is then outlined. This is

followed by an overview of the five chapters included within the report and concludes with an overall summary.

1.1 Background and Overview

Evidence-based practice is promoted as an approach to improving the quality of client/patient care and service delivery in health care systems internationally (Stetler, Ritchie, Rycroft-Malone, Shultz, & Charns, 2007). The current emphasis in New Zealand is for a health service that is modern, dependable and offers a quality assured service. Kitson (2001) suggests that the strategies developed by health policy makers in Australia and New Zealand have been profoundly influenced by the global clinical effectiveness and evidence-based practice movement. The New Zealand government changed the health system and its structures to focus on getting results through understanding the factors that determine health and by influencing them positively. Emphasis is on population health, health promotion and preventative care. The Government's objectives are to strengthen the public health system, achieve the best health and disability support outcomes for New Zealanders as well as reducing disparities between population groups (Ministry of Health, 2000). The New Zealand Public Health and Disability Act 2000 (NZPHD Act) received Royal Assent on 14 December 2000, repealing and replacing the Health and Disability Services Act 1993. The Act provided for the establishment of 21 District Health Boards (DHBs) which formally came into being on 1 January 2001 (Ministry of Health, 2000). DHBs are required to take a population health focus for their geographically defined populations and are responsible for regular assessment of the health and disability service needs of its local population. The NZPHD Act places considerable emphasis on the need for DHBs to forge strong links with the communities they serve, and they have a statutory responsibility for reducing health inequalities (Ministry of Health, 2000). DHBs are required to build a culture that facilitates and encourages collaboration between stakeholders at a local level (Ministry of Health, 2001a).

The New Zealand Primary Health Care Strategy 2001 provides clear direction for the future development of primary health care within the new health system and is clear that no one profession or discipline on its own can provide primary health care

(Ministry of Health, 2001b). A distinction between primary health care and primary care is identified in the literature. Primary care comprises a level of care provided to an individual with a medical focus and is a reactive process to a health crisis rather than a proactive intervention for health. Primary care has been described as a relatively limited concept covering first contact medical services for maintenance care (Mason, Orr, Harrison, & Moore, 1999). Primary health care in contrast refers to the provision of a comprehensive range of health care services to promote health (McMurray, 1998), and encompasses services, support and facilitation by health professionals to promote the health of and foster the empowerment of, individuals, families, and communities (Courtney, 1996). Primary health care is an approach to health care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation and can be described as the World Health Organisations approach to addressing inequalities in health status between and within nations (Baum, Traynor, & Brice, 1992). Therefore providing evidence-based primary health care would reflect positively on the community's health (Al-Ansary & Khoja, 2002).

Primary Health Organizations (PHOs) are the local provider organizations implementing the Primary Health Care Strategy and were developed in New Zealand in 2001 to provide a comprehensive range of health services to their enrolled populations. PHOs are not for profit and funded by DHBs to work with enrolled populations and their communities and, are encouraged to take a community-development approach to find appropriate solutions for disadvantaged groups (Ministry of Health, 2001b). The establishment of primary health care organizations offers health care professionals, including nurses, the chance to develop local initiatives, to improve access and increase the range of services available in primary health care. What is envisioned in the Primary Health Care Strategy is that a range of health professionals working collaboratively to provide primary health care will reduce inequalities (Ministry of Health, 2001b). There is increasing opportunity for nurses to lead and direct health care services and clinical practice development (Davidson, Elliott, & Daly, 2006). In the New Zealand health sector, nurses play a pivotal role and the nursing profession is recognized as being at the forefront of health sector innovation and leadership (A. King, 2004). To contribute to the development of primary health care it is crucial that nurses have

the skills to read, review and appropriately implement research based evidence in practice. Nurse leaders in practice and education are instrumental in providing nurses with resources to competently and confidently apply research findings to clinical practice (Frasure, 2008).

International nursing organizations identify evidence-based practice as a primary strategy for creating integrated health models, and for developing the recognition of nurses as important providers of health care (Jutel, 2008). The Nursing Council of New Zealand places evidence-based knowledge, education and research in their competencies for registered nurses' scope of practice (Nursing Council of New Zealand, 2007). The Australian Nursing and Midwifery Council require nurses to practice within an evidence-based framework (Australian Nursing and Midwifery Council, 2007); and the Royal College of Nursing promotes evidence-based practice as part of its clinical governance (Royal College of Nursing, 2007). Authors such as Jutel (2008) suggest that evidence-based practice is fundamental to the advancement of the profession of nursing and to ensure standards of nursing. Nurses have to be able to continually evaluate the care they give and be accountable for providing the best possible care (Gennaro, Hodnett, & Kearney, 2001). Graduating nurses should have an understanding of the basic principles of research, research methods, and sources of information and have the ability to apply research evidence to practice. Not all nurses will contribute to the science of nursing by initiating research projects (Upton, 1999b), however, it is an expectation that nurses be able to evaluate research articles and engage in modifying practice appropriately (McCloskey, 2008).

Providing evidence-based primary health care has the potential to improve the health and well being of people and communities. McCleary and Brown (2003) promote evidence-based practice as a way to improve nursing practice and health outcomes, where research results have been applied to practice, a corresponding improvement in nursing care has been found (Holzemer & Tierney, 1996). French (2000) highlights improved physiological, psychosocial and behavioural outcomes for clients/patients who receive evidence-based nursing interventions. Evidence-based practice offers a mechanism for providing effective care and for discarding habitual practices and techniques (Dopson et al., 2003). The increasing

responsibility being taken on by nurses, and the growing prominence of the areas of practice, for example primary health care demand that practice is effective (Thomas & While, 2001). Therefore the need to use research findings effectively is a critical component of the primary health care nurses role (McKenna et al., 2004).

The current emphasis on service improvement through effective decision making and enhanced clinical practice has resulted in a climate in which research and development is a central feature (Fitzsimons, McCance, & Armstrong, 2006). Building research capacity has been highlighted internationally as a crucial element in the advancement of nursing research and has been defined in the literature as the ability to conduct research (McCance, Fitzsimons, Kenney, Hasson, & McKenna, 2007). Finch (2003) defines research capacity building as “enhancing the ability within a discipline or professional group to undertake high-quality research” (p.427). McKenna and Mason (1998) discuss research capacity in terms of becoming informed and critical consumers of research at one level and they suggest that it will only be a small percentage of individuals in any given profession who will actually carry out research.

However, building nursing research capacity is recognized as a significant challenge worldwide (Segrott, McIvor, & Green, 2006). Changing clinical practice is obviously not simple and straight forward and the common challenge is the implementation of change (Wallin, Bostrom, Wikbald, & Ewald, 2003). Similar cultural and organizational factors have been widely recognized as crucial for success in quality improvement and research utilization projects. The organizational culture in which nurses work has a major role to play in influencing the use of research findings in clinical practice (Chummun & Tiran, 2008). McCance et al. (2007) argue that the generation of knowledge is merely an academic endeavour unless successful approaches can be identified to integrate evidence into practice. To do this requires, strategic supportive leadership, supportive organizational culture, effective training, availability of databases and research reports (Wallin et al., 2003), and an attitude that research is essential to the practice of nursing (Stetler, 2003).

1.2 Context of the Study

The general practice setting is a focal point for primary health care in many health systems. In New Zealand, primary health care is delivered through many models from government funded organizations, non government organizations and private practice. Primary care practices or general practices may run as private businesses or organizations such as community trusts, accident and emergency services or as part of Maori community organizations providing health care. These services aim to provide primary, community-based, comprehensive and continuing client/patient-centred care to individuals, families/whanau and their community. The model of practice undertaken in the primary care setting is undergoing a cultural change moving from the focus on disease and episodic care and treatment of illness to a greater emphasis on keeping people well (Ministry of Health, 2001b).

As a registered nurse working in primary health care, I wanted to explore primary health care nurses' perceptions of their use of evidence-based practice, attitudes toward evidence-based practice, their knowledge/skills to access and interpret evidence and the effect of educational preparation on practice, attitudes and knowledge/skills towards evidence-based practice.

1.3 The Aim of the Study

The aim of this study was to describe primary health care nurses' perceptions, attitudes and knowledge/skills associated with evidence-based practice. The research questions used were based on those developed by Kohen and Lehman (2008).

Research Questions

- What are primary health care nurses' perceptions of their use of evidence-based practice?
- What are primary health care nurses' attitudes toward evidence-based practice?
- What are primary health care nurses' perceptions of their knowledge/skills associated with evidence-based practice?
- What is the effect of educational preparation on practice, attitudes and knowledge/skills associated with evidence-based practice?

1.4 Report Structure

There are a total of five chapters in this research report

Chapter One: Introduction and Background

This chapter introduces the use of evidence-based nursing practice in the primary health care setting. It provides an overview of the background to changing healthcare systems in response to health care restructuring coupled with increasing demands for effective care, quality services, and increased professional accountability. The context of the study is outlined. The aim and research questions are identified.

Chapter Two: Literature Review

The Literature review provides a detailed examination of published work relating to factors influencing the implementation of evidence into practice by the nursing profession. The review of the literature provides an international perspective on research utilization, one of the most widely studied aspects of evidence-based practice.

Chapter Three: Method

This chapter identifies the methodology and method utilized in the study. The ethical considerations for the study are addressed along with a description of the participants. A non-experimental descriptive design was selected for this study and Upton & Upton's Clinical Effectiveness and Evidence Based Practice Questionnaire (EBPQ) (2006) was identified as the most appropriate tool for measuring, the day-to-day application of evidence to practice, individual attitudes and relevant skills in this population group. The chapter concludes with a section on validity and reliability of the EBPQ used in this study.

Chapter Four: Results

Chapter Four presents the results of this study which were obtained using the EBPQ and the demographic information of the participants. This information is presented using tables, figures and text.

Chapter Five: Discussion and Conclusion

This chapter discusses the key findings of this study in relation to current literature surrounding the use of evidence by the nursing profession. There are a number of implications for primary health care nursing outlined and the methodological limitations of the study are identified. Areas for future research are also suggested.

1.5 Summary

Government policy encourages the use of best evidence for clinical practice. Factors that can impede or facilitate the use of research in practice need to be identified and addressed if evidence-based practice is to become a reality. As outlined, the aim of the study was to answer the research questions: What are primary health care nurses' perceptions of their use of evidence-based practice, attitudes toward evidence-based practice and their knowledge/skills associated with evidence-based practice? What is the effect of educational preparation on practice, attitudes and knowledge/skills towards evidence-based practice? The following chapter places the present study within the context of the available literature on the topic under investigation. It begins with a brief overview of the history of evidence-based practice and the types of evidence used to inform nursing practice, followed by an examination of the factors influencing the achievement of evidence-based practice by the nursing profession, the use of evidence in primary health care nursing is also discussed. The use of the Internet, protocols, and guidelines as tools for closing the gap between research and evidence-based practice are also presented.