Project Title: An integrated approach to evidence based practice: final report for the Foundation of Nursing Studies

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Summary:
This project involved the creation of an Evidence Based Council and a network of associated Journal Clubs within an acute NHS Trust. The Council consists of 26 representatives drawn from clinical nurses and Allied Health Professions (AHPs). Co-opted members on the Council include representatives from the Health Sciences library, education and training and a representative from the Evidence Based Council at Central Sheffield University Hospitals.

The aim of the Evidence Based Council is to establish a coordinated approach to evidence based practice within the Trust.

Funding was obtained for 18 months from the Foundation of Nursing Studies to support this initiative. The Trust funded a project facilitator for the same period.
The Council have met monthly since October 2000. Council members have received training in EBP skills and have supported work related to research and practice development and benchmarking.

The Council has become integral to the hospital's nursing strategy.
An integrated approach to evidence based practice: final report for the Foundation of Nursing Studies

Introduction

Research and research findings are often seen to be of little relevance to nurses working in the clinical area.¹ In addition, nurses are often criticised for not having the skills to carry out evidence based practice.² These two areas are inter-related. This report outlines a project carried out in an acute NHS Trust, which aimed to overcome these problems.

The structure proposed was designed to give participants "ownership" of research questions and the opportunity to develop confidence in their skills related to evidence based practice.

The project was intended to feed into the local framework for evidence based practice and was endorsed by the nurse executive group. Joint funding was provided by the Foundation of Nursing Studies and the Trust to support the initial 18 months of the project.
Background Literature.

The basing of practice within the NHS on evidence of effectiveness and cost has become one of the Department of Health’s goals.\(^3\)\(^4\). Although the main emphasis of this activity was initially centred on the medical profession, the last few years have seen the inclusion of nursing and allied health professions in this agenda.\(^5\)\(^6\).

One of the methods with which this is being implemented is through evidence based practice (EBP). This involves the practitioner identifying the problem, asking a research question, searching the research literature, and then implementing changes on the basis of the evidence available.\(^7\) The overall purpose of EBP is to provide effective health care within the limited resources available.\(^8\)

There appears to be a number of recurring issues obstructing the adoption of EBP in some health professions, especially nursing. Problems have been identified related to their knowledge, workload, access to resources and power to implement research findings.\(^9\)\(^-\)\(^{12}\) A further problem is that nurses do not always appear to learn from their clinical experience.\(^{13}\)

These issues are not new, recommendations were made nearly thirty years ago that nursing should be an evidence-based profession.\(^{14}\) The resistance of nursing and / or nurses to evidence based practice, the often cited theory-practice gap, has been attributed to a number of factors. These include the separation of nursing into clinician, education and research camps\(^{15}\), the lack of clinically relevant research\(^{16}\), the limitation of nurses' autonomy\(^{17}\), lack of research skills\(^{17}\) and insufficient time and resources\(^{10}\). However, the theory-practice gap is not exclusive to nursing. There has been criticism of surgical research\(^{18}\) and a call for the development of non-RCT evidence to support treatment choices in surgical practice.\(^{19}\) Such issues echoes those raised in nursing.
One of the main reasons nurses cite in their defence is that nursing is concerned with feelings, perception and intuition which may not necessarily lend themselves to evidence based practice, especially randomised controlled trials, as easily as medicine.20

Interventions to promote evidence based practice need to be implemented in a structured fashion. Kitson et al21 describe successful implementation of research into practice as a function of the relation between the nature of the evidence, its context and the mechanism through which change is facilitated. Further requirements for successful implementation of evidence based practice are an organisational infrastructure to co-ordinate and direct the process22,11, and effective facilitation.21

One prerequisite to the introduction of evidence based practice into nursing would appear to be the reduction in the heavy workload of clinical nurses.12 In addition, it is essential to convince nurses of the relevance of research to their clinical practice.2 Practitioners are often urged to read journals and use CD-ROMs but the value of this without adequate training has to be questioned. Unless such skills can be acquired more widely within nursing there is the danger of removing research questions away from the clinical environment and into the province of specialists and academics.17

The picture is not all negative, nurses do seem to have a positive attitude towards the concept of EBP and the major barriers are often related to the infrastructure and organisational aspects.12 Evidence suggests that nurses appreciate the need, and potential benefits of research and evidence based practice.12,23. However, much of the failure to utilise research in practice has been attributed to nurse’s lack of confidence in their knowledge and skills related to research.24 They also cite the lack of time and accessibility to resources.12 An alternative explanation could be that nurse researchers are not asking questions that are relevant to practising nurses.17

One approach to harnessing this positive attitude and enable nurses to feel some ownership of evidence based practice is a journal club.
Journal clubs provide a way of making a clear link between practice and research and have been recommended as a way of enhancing research awareness. They are also a method for individuals to keep current with research, improve participants' ability to critique research and make practice based changes based on evidence. In addition, applying research to practice is about change and a journal club can allow staff to view such change as non-threatening and positive.

This project proposed to develop and implement a structure that will help nurses and allied health professionals acquire confidence in research and critical appraisal skills. The proposal aimed to create a hospital wide network of journal clubs that would be co-ordinated by an Evidence Based Council. The members of the Council would be selected from clinical staff interested in promoting evidence-based practice. One of the principal goals of the Evidence Based Council is for evidence to be discussed and research questions to be generated by and relevant to clinically based nurses and allied health professions.
Aims and Objectives

**Aims of the Evidence Based Council**
To create an integrated approach to Evidence Based Practice across the Trust, involving the creation of an Evidence Based Council and a network of associated directorate based Journal Clubs.

**Objectives of the Evidence Based Council**
- To support the process of literature searching, critical appraisal and research application.
- To disseminate relevant findings across the hospital.
- To generate clinically relevant research questions.

**Setting of the Project.**

The project was initially established in the Northern General Hospital NHS Trust (NGH), a large teaching hospital in the north of England. It was one of two acute NHS Trusts in Sheffield, the second being Central Sheffield University Hospitals Trust (CSUH). CSUH had already established an Evidence Based Council through a shared governance mechanism. They fully supported and helped in the project.

The NGH was organised around Clinical Management Teams (CMTs) which reflected the following clinical specialities:

- Medicine
- A & E
- Surgery
- Orthopaedics
- Theatres
- ITU
- Cardiac
- Spinal Injuries.
In April 2001 the NGH merged with CSUH to become the Sheffield Teaching Hospitals NHS Trust (STH). The new Trust operates over a number of sites, the largest of which are Northern General, Western Park and Royal Hallamshire Hospitals.

The management structures of the new Trust are still in the process of being established at the time of writing. Two new developments are likely to have an impact on the future of the Evidence Based Council and Journal Clubs.

- Achieving targets relating to EBP in nursing now fall within the remit of the newly formed Practice and Professional Development Department.
- Existing CMTs across the new Trust have been clustered together to form new Directorates.
Summary of Progress: 2000-2002

Establishment of the Evidence Based Council

♦ A project steering group was created. Members were Simon Palfreyman, Angela Tod (Project Leads) and Jane Doyle (Evidence Based Council Facilitator).

♦ A consultation exercise was conducted to ensure that there was a perceived need for such a council amongst clinical staff was performed. This consisted of a number of Trust-wide open invitation seminars in which the idea for an Evidence Based Council was presented and feedback from clinical staff obtained.

♦ Endorsement for the project was also sought from the nursing and allied health professions hierarchy. The proposal was presented to and endorsed by the Nursing Executive Committee and at the Practice Development Team meetings.

♦ The positive reaction from both clinical and managerial staff resulted in the Northern General Hospital Trust funding a facilitator for the Evidence Based Council. This post was advertised internally as a part time (0.2wte) secondment opportunity to a member of clinical staff. Jane Doyle was appointed to the post. Jane is a Sister on the Cardiac Intensive Care Unit, who has had an active involvement in practice development and evidence based practice. The secondment was originally for 18 months, but has been extended pending a long term decision regarding funding and support for the Council. This is anticipated later in 2002. As a result of her experience as facilitator, Jane has secured a post as cardiology practice development nurse, due to commence in July 2002.
Integration of the project by the Trust

♦ The Nurse Executive Group agreed to support Evidence Based Council members in terms of time off to attend the Council and education and training.

♦ A large scale consultation was held to formulate a strategy to implement “Making a Difference”. Members of the Council were involved in the consultation. The Evidence Based Council has been identified in this as having a key role in achieving quality targets.

♦ A Professor in Nursing Practice Development, Kate Gerrish, has also supported the project. Prof Gerrish has established a Trust wide strategic group to support and facilitate research and practice development. The Evidence Based Council is considered as a standing agenda item at this meeting.

♦ In April 2001 the two acute Trusts in Sheffield merged to form the Sheffield Teaching Hospitals NHS Trust (STH). Both Trusts had an Evidence Based Council. The Councils decided against merging as each felt they reflected the needs and culture of their separate locations. The Councils have, however, liaised well since the Trust merger, have quarterly joint meetings and have made a commitment to work together on their development and future role.

♦ The two Evidence Based Councils have written a joint proposal outlining the future funding and direction for the Evidence Based Council (Appendix 1).

♦ Following the merger, a new senior management post has been created, Practice and Professional Development Manager. Dorothy Ness commenced this post in April 2002. She has voiced her support for the Council and will consider its position as part of her strategic review.
Details of the Evidence Based Council are circulated via the Research and development newsletter and the Trust newsletter. The Council also has a web page on the Trust Intranet.
Establishment and Progress of the Evidence Based Council

- Clinical staff and management were consulted for nominations from each directorate and department for members of the Evidence Based Council. At least one representative and a deputy were identified from each area. Terms of reference were discussed and agreed (Appendix 2).

- The Council has met monthly, on the first Tuesday of the month, and the meeting usually lasted two hours.

- Co-opted members of the council were identified. These were people working in key roles to support evidence-based practice. Co-opted members were:
  - University of Sheffield Health Sciences librarian
  - Member of the Trust Practice Development Support Team
  - Clinical Effectiveness and Audit Department representative
  - Education and Training Department representative
  - A representative from the Evidence Based Council at the other acute trust site.

- The officers for the Evidence Based Council were appointed. In the first instance, until the Council was established, these were the project steering group members. After the first three months, a Chair was appointed from the Council members. This post has rotated every six months amongst the council members.

- Discussions were held on the advantages and disadvantages of the Council being multi-disciplinary. The majority felt that the initiative should be inclusive and not restricted to nurses only. Unexpected resistance to integration was encountered from a minority of nurses. These few expressed a preference for the project to be nursing alone. One stated they would not participate if a multi-disciplinary approach was adopted and a replacement member was appointed. It was deemed most appropriate
and productive by the majority to be inclusive. Nursing and allied health profession members were appointed. Most allied health professions were interested in being kept informed regarding the Council, but rarely attended. The Dietician and Occupational Therapy representative have regularly attended and contributed.

♦ The co-opted representative from the health Sciences library has been a valued member of the council. Through their liaison £500 was obtained from the Health Science Library to fund information resources for the Council. They also assisted in the provision of information skills training and dissemination of evidence via the Sheffield Evidence for Effectiveness and Knowledge database (SEEK).

♦ Attendance has been varied. It has ranged from 28 to eight. The poorest attendance was in early January and could be explained by disruption during the holiday period, high levels of staff sickness and winter pressures.

♦ Topics for the agenda have included:
  - Mapping of Journal Club activity across the Trust and how these can be expanded and link with the Evidence Based Council
  - An education and Training needs assessment exercise.
  - Publishing and advertising the Evidence Based Council
  - Access to IT.
  - Benchmarking
  - Clinical, research and audit concerns regarding nutrition.

♦ A major concern of Council members regarding EBP was access to information Technology. This has been discussed in subsequent meetings with representatives from the IT department. Roll out of the NHSnet is now underway with more wards having Internet access. The Evidence Based Council have been consulted regarding the development and implementation of four multi-media learning zones across the trust.
The Council spent a considerable amount of time discussing issues related to nutrition. This resulted in the production of a document widely disseminated across the Trust including Clinical Governance and benchmarking groups (Appendix 3). It is hoped that issues raised in this report will provide the first topics to generate a research study.

**Education and training**

Following a needs assessment exercise the Council members decided to pursue the option of accessing the “Evidence Based Health Care” open learning package developed by NHSE Anglia and Oxford. Funding from the Foundation of Nursing Studies will be used to fund an external facilitator who has successfully delivered the training previously. The Trust Education and Training Department have funded resource packs for all Council members.

The training was run twice over a twelve-month period. The final cohort completed the course in March 2002. Course work was submitted by May 2002. The course involved attendance on four taught days delivered by the training facilitator and the project steering group. The course aims were to:

- Build knowledge and skills in evidence based practice
- Create an opportunity for team building
- Provide a forum to share experiences and expertise.

The education package allowed Council members to search and appraise the literature related to an issue of concern in their clinical area, and to generate an action plan. These will be disseminated in an assignment and a poster. The course ended with a poster competition. This was held at a lunch time event over on 11 June, with prizes of book tokens being offered. Theresa Shaw from the Foundation of Nursing Studies, Professor Gerrish and Dorothy Ness agreed to judge the poster competition. All contributors were congratulated on the standard of the work. Many of the posters demonstrated some change in practice or future project work resulting from the review and application of the evidence. Winners of the
poster competition were from Occupational Therapy, Dietetics and Nursing.

♦ The option of academic accreditation was available to those attending the education package via Sheffield Hallam University. This option was taken up by three of the course participants.

♦ The education package has evaluated very positively. The future use of this programme will be considered in a Trust wide review of education to support EBP. This will take place after management structures for the newly merged Trust have been agreed.

♦ The Council facilitator and library representative have run numerous training sessions on information skills. These have been provided at beginner and advanced level. They have proved extremely popular with Council members. The need for and reception of this training highlighted the need for information skills based training.

**Journal clubs**

♦ The Council have identified a network of journal clubs and practice development groups across the hospital (Appendix 4). The council helped to reinvigorate existing groups and establish new groups. However, the success of the journal clubs has been mixed with some areas still trying to identify the best format and content to ensure staff involvement. Members of the journal clubs have feedback to the Council about progress, developments and clinical issues identified by the clubs and groups.

♦ The Evidence Based Council facilitator is working with those directorates who are still trying to develop a group or club.
**Journal subscription**

A number of Journals were approached to request subscriptions for Council members. The British Journal of Nursing donated 14 subscriptions for a year. The Journal of Clinical Effectiveness in Nursing has donated 14 copies of one issue of the Journal.

**Evaluation of the Evidence Based Council**

- An evaluation of the Evidence Based Council was devised and integrated with a larger Trust wide Evidence Based Practice study co-ordinated by Professor Gerrish.

- Ethical Committee approval was obtained for the evaluation of the Evidence Based Council. This involved a questionnaire survey ([Appendix 5](#)) and a qualitative study employing semi-structured interviews. The sample comprised nurses and physiotherapists working in surgical, medical and specialist areas. An overview of the evaluation components can be found in [Appendix 6](#).

- The results of the survey were presented at the RCN international research conference in Glasgow in 2001. The qualitative study was presented at the RCN conference in Exeter in 2002. A presentation of the overall project was presented at the Foundation of Nursing Studies 10th anniversary conference in November 2001.

- Work is currently underway to write up the evaluation for publication.
Reflections and Challenges for the Future

Organisational Change

Whilst the EBCs at the NGH and CSUH have been endorsed by the Trust and included in its nursing strategy, the organisational implications of the merger created a number of challenges. Key amongst these is the uncertainty regarding the authority and accountability of the Councils. This should be clarified once the management restructuring of the new Trust is complete.

There is at present, no identified person or structure to which the Councils report. It is anticipated that this will be resolved within the next year as the structure to support the professional and practice development agenda is ratified. Future funding for the Councils will also need to be addressed.

In order to influence this decision-making the two councils have reviewed their terms of reference and aims to identify some tangible short and long term objectives for the future. These will be fed back to the Professional and Practice Development Manager in July 2002.

Once structure and lines of accountability have been agreed, a priority for the Councils will be to raise their profile across the new STH Trust.

Future Function and Format of the Evidence Based Council

Since its inception, the NGH Council has focused discussions on barriers to EBP. The future role of the Council will be decided following a number of joint meetings during the summer of 2002. It is anticipated that in the future, the council will focus on promoting and supporting the cultural and organisational changes necessary to achieve EBP.

An initial aim of the project was to generate fundable and clinically relevant research questions. It has taken the initial 18 months for the Council to develop to a point where this is possible. It is anticipated that issues
highlighted in the work around nutrition may provide the focus for initial research questions.

The challenge has been to maintain momentum despite the barriers which exist. Lack of time, skills and resources to support EBP are commonly reported by Council members. An example is the recurrent difficulty members have in being released to attend monthly meetings. The ability to attend Journal Clubs or carry out project work between meetings is an additional struggle. The winter months create real problems for staff in undertaking work relating to EBP and practice development. This is due to increased admissions and staff sickness.

These challenges have historically been a recurring theme within the nursing evidence based practice agenda. There is a need for the nursing profession as a whole to rise to the challenge and commit sufficient time and resources to overcoming them.

On a local level, in the future, Council representatives will need the active support of their managers to release them to carry out their role.

*Education and Training*

The education and training offered to Council members was highly valued. Participants reported that the training was of particular use because it was skills based and was of practical help in their EBP work. The course allowed them to work on a topic of clinical relevance to them in their practice. This experience highlights the need for a systematic approach to the education and training of nurses and AHPs regarding EBP. This must include widespread, basic skills based training. Two evaluations conducted within the Trust at the same time also revealed a need for information skills training.30, 31
Journal Clubs
Establishing a Journal Club which is attractive and accessible to staff has been an ongoing challenge for the Council members. A flexible approach was adopted as to what constituted a Journal Club. Many directorates found that meetings which had a practice development emphasis, rather than critical appraisal, proved more popular. It was considered important for meetings to be locally appropriate in terms of time, duration and format.

Membership
It has proved difficult to recruit to the Council the range of clinical staff initially intended. Membership is predominantly made up of Clinical Nurse Educators and Nurse Specialists. This may be because they have the necessary research confidence. Specialist staff also have more autonomy regarding their time and time management, thus allowing them the opportunity to attend meetings.

A future challenge is to attract and enable more ward-based staff to participate. In this way Council membership can contribute to research and EBP capacity building across the Trust.

As with many new initiatives, the contribution of a number of initial members fell by the wayside. This initial membership will, therefore, have to be revised. Consistent non-attenders will be replaced.

Multidisciplinary Involvement
The NGH Council was established to be inclusive to allied health professions. Some allied health professions have consistently attended the Council and proved to be valuable contributors to work undertaken. An example of this is the work on nutrition, where the Dietician representative was incalculable.

However, a small number of allied health professions applauded the initiative, but thought it inappropriate that they attend. There was also initial resistance from some nurses to the proposal that the Council project should be
multidisciplinary. The nature of such responses highlights the future need to facilitate a collaborative approach to EBP, research and practice development.

**Facilitation**

The success of the Council over that last 18 months has been due in large part to the work of the facilitator. All other participants have been balancing Council work with that of their substantive posts. The facilitator has had one day of protected time to work on Council business. This resource has been invaluable to ensure the co-ordination of the meetings, support of council members, evaluation of the council, the education programme, and supporting the Journal Club development. It will be essential to secure funding for facilitation in the future.
Conclusions

In summary, the project outlined here has made a clear contribution to the clinical governance and EBP targets within the Trust. Despite the successes, the experience of this initiative has highlighted a number of concerns which others involved in the promotion of EBP would be advised to consider. These concerns are:

- Residual resistance still exists amongst some nurses to collaboration and multi-disciplinary working.
- A large proportion of nurses lack basic information skills i.e. literature searching and appraisal.
- Despite endorsement at the highest level of an organisation, there are huge practical problems in clinical staff being released from the ward to participate in EBP activity.
- Some nurses, exhausted from the demands of their clinical work, are increasingly unwilling to undertake EBP activity in their own time, despite retaining a positive attitude to EBP.

On a more positive note, much has been achieved with limited funding. Whilst there is still a long way to go, the project has made significant headway in achieving the initial objectives.

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