

March 2001

takingaction

Moving Towards Evidence Based Practice

executive summary



Introduction

The Foundation of Nursing Studies (FoNS) has been involved over the last seven years in the development, organisation and evaluation of a number of activities to assist nurses to critically appraise and apply research/evidence in their everyday practice. This document both reports on the evaluation of this programme, and comments on the implications this has for the evolution of evidence based practice in the light of the Foundation's experience in this area. Implications are drawn out not only in terms of the current R&D agenda, but also for education and professional development, Trust management, individual practitioners, and indeed FoNS itself.

This report is based on the findings of three UK-wide pieces of work. The first, a short-term evaluation was reported in full in *Reflection for Action* (FoNS, 1996) and the second a long-term evaluation examined the impact of a series of critical appraisal skills (CAS)/research utilisation workshops. The third activity is a consultation exercise designed to validate and update the findings from the evaluations. A multi-method approach to the evaluation using both qualitative and quantitative data was used. The time scale is shown in the box below.

Date	Activity
September 1994 to December 1995	Workshops run in 9 NHS Trusts
January 1996 to June 1996	Short-term evaluation
April 1997 to March 1998	Long-term evaluation
May 2000 to August 2000	Consultation exercise

Overview of this Report

Section 1 *Evidence Based Practice: Looking Back*
Provides a brief resume of the development of evidence based practice in the UK over the last ten years.

Section 2 *The Development of a Critical Appraisal Skills (CAS)/Research Utilisation Programme*

Outlines the development and methods for the three projects involved in the critical appraisal skills/research utilisation programme developed by FoNS.

Section 3 *Making a Start: Professional Development for Evidence Based Practice*

Describes early efforts to increase research utilisation through professional development in general and specifically through the FoNS CAS/research utilisation workshops. It does this by recapitulating the results of the short-term evaluation which were reported in full in *'Reflection for Action'* (Foundation of Nursing Studies, 1996) and Mulhall, le May & Alexander (2000).

Section 4 *Making a Difference: Professional Development in the Context of the NHS*

Explores how the acquisition of critical appraisal skills (CAS) occurs in the context of the NHS. It is based on the results from the long-term evaluation and the consultation exercise.

Section 5 *Making More of a Difference: What Else Needs to be in Place for Effective Utilisation of Research?*

Asks the question what else needs to be in place, other than CAS and other training initiatives, to ensure effective implementation of research. Again it is based on the results from the long term evaluation and the consultation exercise.

executive summary

Section 6 Moving Forward with Evidence Based Practice

Proposes how we might move forward with evidence based practice in the future. Using evidence from the consultation exercise and drawing on FoNS' experience in research implementation, it considers other training needs, organisational support and the impact of clinical governance.

Section 7 Conclusion

Section 8 Implications

For FoNS, the R&D agenda, the education agenda, for organisations and for individuals

Major findings

Making a Start: Professional Development for Evidence Based Practice

The impetus to develop and provide resources for a series of CAS/research utilisation workshops derived from an early recognition by FoNS that the majority of nurses lacked these skills. It was reasonably postulated that this skill deficit would hamper nurses' efforts to increase evidence based practice. The short-term evaluation indicated that the workshops had the effect of:

- strengthening practitioners' skills in critical appraisal
- raising their awareness that research varied in its quality
- consolidating their prior knowledge, experience and confidence
- stimulating them to help colleagues

Making a Difference: Professional Development in the Context of the NHS

The hypothesis that skills might be lost prompted the long-term evaluation which occurred 15-30 months following the delivery of the workshops. Over 90% of the participants had gained the skills of critical appraisal and these had helped them use

research to: develop guidelines, protocols and policies; review current practices; enhance educational opportunities; and underwrite clinical decisions. However, half the sample stated that over time they had lost some of these skills, mainly through lack of use. Lack of time, resources and support hindered attempts to use research. It was clear that the use of such skills and knowledge was occurring in a complex professional and social environment that may alternately enhance, or detract from increasing evidence based health care. The qualitative aspect of the long-term evaluation focused on capturing this complex environment.

Making More of a Difference: What Else Needs to be in Place for Effective Utilisation of Research?

Practitioners worked in an encapsulated environment in which their use of research was controlled by various boundaries. These boundaries were associated with a series of competing agendas compiled: by the individual; by their perception of nursing and its inter-professional relationships; by the political climate in which they practised (both local and national); and by other constraints and opportunities.

The art of balancing competing agendas also dominated the interviews with managers.

Their multiple agendas demonstrated not only the diversity of work associated with managing care within non-teaching hospital Trusts, but also the emergence of a new interest in research and development – it being perceived as 'the key to our future'. These complexities were often tinged with feelings of uncertainty about the meaning of research and development and how such initiatives would be funded. Research was seen as an endeavour in which they did not participate, finding 'development' a more appropriate concept.

takingaction

The documentary analysis of Trust policy documents indicated that the profile of R&D in Trusts had risen. Business plans reflected this and managers spoke more comprehensively and with more authority about the NHS R&D strategy and their role in it. This organisational focus seemed to be precipitated by the Culyer Report (Department of Health, 1994), the drive for clinical effectiveness (Department of Health, 1996a) and clinical governance (Department of Health, 1997).

Thus the qualitative data and the results of the documentary analysis captured the complex social milieu in which health care practitioners and managers work. To make progress towards evidence based practice, the practitioners and managers had consciously to step over boundaries which demarcated their actions in any area. In a period of considerable consolidation and organisational change within the NHS the priority was in maintaining services, not developing research activity.

Participants in the consultation exercise validated these findings by identifying a number of elements important to the creation of such positive research cultures:

- leadership – inspirational clinical leadership which encourages and empowers others; perhaps the role of nurse consultants?
- specific strategies – nursing needs its own research strategy, with a budget within the business plan, and a higher profile
- integration of quality assurance – recognising the importance and interconnections between audit, clinical effectiveness, clinical governance, and R&D
- policy and procedures – need to be research based
- multi-disciplinary working – true inter-professional respect and a move to multi-, rather than uni-disciplinary research

- education – targeted training plans, ward-based research utilisation workshops, shared learning, exploring what ‘evidence’ means
- investment in staff – incentives and rewards for implementing evidence
- easy/equal access to research findings
- resources – there needs to be equity of distribution, easier access and a focus on implementation rather than undertaking research

Moving Forward with Evidence Based Practice

Through undertaking the evaluations and listening to practitioners over the last seven years it has become clear that, although CAS training is a significant component of furthering the evidence based health care agenda, other types of training are as, if not more, important. The consultation exercise sought to determine views concerning what these other skills might be.

Those most pertinent to research utilisation were identified in four categories: people skills; management skills, dissemination skills and evaluation skills.

In particular, leadership and management of change skills were perceived as central. Skilled leaders were recognised clinical champions with strategic vision who were knowledgeable, influential, and equipped with an awareness of both ‘people’ and ‘political’ issues. These characteristics, alongside assertiveness and good communication/negotiating skills, enhanced their change management abilities.

The importance of a local knowledge of the clinical area, organisation, community and workforce was stressed. However, participants in the consultation exercise struggled to identify who should be trained in these skills. This is not surprising given the lack of local or national guidance concerning investment in staff training and development.

executive summary

A number of strategies that enabled change in relation to evidence based health care to be managed were identified:

- policies and procedures – the use of evidence based guidelines, protocols and care pathways
- dedicated groups and committees – these might be directorate based clinical focus groups or higher up the organisation R&D committees / clinical governance boards
- specific roles – either individuals, such as practice development nurses, or groups such as service advisory/implementation teams
- appropriate professional development – this related to education and management courses
- multi-disciplinary work – the need to involve practitioners across all disciplines came across strongly
- bottom up approaches – change should begin in the clinical area with appropriate support

Again, whilst these suggestions are all of merit, they need to be examined for evidence of their effectiveness. However, currently there is a dearth of knowledge concerning the effectiveness of the various strategies to introducing change related to evidence based health care, especially those using a bottom up approach.

The participants in the consultation exercise also noted how clinical governance had provided a new framework for delivering evidence based health care. This has evolved through the creation of dedicated:

- working groups and committees, for example, R&D Executive groups, clinical advisory groups, clinical guidelines groups which had multi-professional representation encouraging collaborative working
- posts, for example, clinical governance manager, clinical effectiveness officer, R&D facilitator
- strategies, for example, clinical effectiveness

strategy to ensure key elements of clinical governance are systematically reviewed

However, it is unclear how well all Trusts have disseminated such information about clinical governance. Certainly anecdotally many nurses do not know what clinical governance is, what it implies for their practice, or who the key figures, for example, the clinical governance lead, in their own organisations are.

Other concerns expressed through the consultation exercise included:

- the problem that many activities might be medically led
- the emphasis on poor performance through risk management activities
- the difficulty in accepting evidence from the centre, for example, that produced by NICE
- the capacity for staff to find the time and motivation to incorporate another set of structures and changes

Conclusions

The early and continuing attempts to instil the confidence, skills and motivation to use research more effectively in practice have met with some success. However, our studies and experience in working closely with organisations has highlighted how the use of knowledge (be it research or other types of knowledge) occurs in a complex social and organisational milieu.

Individuals are unlikely to exert a significant effect if they remain unsupported by organisational structures and policy, or distanced from others within the multi-disciplinary team. In such an event skills and motivation may be quickly lost and the benefits of training wasted.

takingaction

It is clear that skills other than those of critical appraisal are required successfully to implement research in practice. Our experience indicates that people and management skills, particularly those of change management and clinical leadership are crucial. There is certainly an underlying thread of allegiance to local initiatives, local policies and local people. Whilst not wishing to ignore national guidance, practising clinicians are anxious to develop their own guidelines for more effective research based practice. This highlights another training need for the skills to recognise rigorous guidelines and be able to adopt them judiciously and safely for local conditions.

It is far less clear who within organisations should be targeted to receive such skills training and the most effective format for that. For example, it might be more effective to train multi-disciplinary teams within focused clinical areas rather than individuals in homogeneous professional groups (as is often the case with current training). This would also underpin efforts to introduce change which rely strongly on inter-professional collaboration.

In conclusion, if the ongoing strategy to improve the effectiveness of health services is to continue to be successful, greater cognisance must be given to: the internal and external organisational factors that promote research use; the content, format and judicious targeting of training; and the greater exploration of how various types of evidence may be best articulated, synthesised and implemented.

Implications

Implications for FoNS

- Refine our strategic vision in relation to the implementation of evidence within practice
- Strengthen our communication strategy to ensure our vision is made explicit to all stakeholders
- Continue our role in supporting the sharing of

evidence and enhancement of good practice by further developing dissemination strategies at organisational, team and individual practitioner levels

- Prioritise action areas for support through project funding during the next decade
- Begin to map implementation strategies currently used within Trusts, PCGs and other health care providers to form a body of evidence related to knowledge management within nursing
- Continue to consult with and lobby relevant statutory, voluntary and consumer organisations in order to pursue strategic intentions
- Expand our funding base to meet the newly identified and ongoing programme of work (for example, project funding, conferences, e-learning and network development)

Implications for the research and development agenda

- Place equal emphasis on the generation and use of research
- Enhance organisational, team and individual capability and capacity in development as well as research.
- Focus on organisational development and change management since the provision of CAS training alone may be insufficient to change practice
- Actively link with organisations which support the dissemination of research to develop a shared strategic vision
- Ensure that research priorities are tailored to meet the needs of a range of providers of health and social care, thus reflecting the realities of practice
- Fund further research into the effectiveness of strategies to increase the use of evidence

executive summary

Implications for the education agenda

- Articulate the value placed on knowledge / evidence management within new curricula at pre and post qualifying levels
- Emphasise the inter-relationship between effective practice and the use of evidence/knowledge
- Ensure that curricula prepare registrants for their role in the implementation of evidence and the evaluation of its impact on practice
- Develop post-registration education which addresses the need for change management and organisational skills in evidence based health care

Implications for the organisation and management of Trusts, PCGs and voluntary health and social care providers

- Hold and articulate an organisational vision not only for research but also for practice development
- Develop clear links between the organisational vision of R&D and individual practitioner's professional development
- Make explicit the partnership between the R&D vision and mechanisms for ensuring the quality of care provided
- Ensure that structures which support R&D are clearly defined and communicated to practitioners and consumers of services
- Create a strong culture that recognises the importance of evidence based health care and celebrates effective local initiatives
- Build organisational, team and individual capability and capacity in relation to the implementation of evidence
- Develop and evaluate innovative structures to enable the implementation of evidence
- Develop strategies to evaluate the success of the organisational implementation agenda
- Support inter-professional practice which fosters evidence based health care

- Recognise and accommodate the priorities of different sectors within health care
- Provide incentives and rewards for implementing evidence based health care

Implications for individual practitioners

- Develop a personal development plan which acknowledges the place of evidence within his/her practice and any training requirements to facilitate evidence based health care
- Seek out opportunities to implement evidence in practice and evaluate its impact from a uni- and multi-disciplinary perspective
- Actively share good practices with others
- Use FoNS as a resource to enhance practice

References

Department of Health (1994) Supporting Research and Development in the NHS. A report for the Minister for Health by Research and Development Taskforce Chaired by Professor Anthony Culyer. London, HMSO

Department of Health (1996a) Promoting clinical effectiveness: a framework for action in and through the NHS. Leeds, National Health Service Executive

Department of Health (1997) The new NHS: modern and dependable. London, HMSO

Foundation of Nursing Studies (1996) Reflection for Action. Foundation of Nursing Studies, London

Mulhall A, le May A, Alexander C (2000) Research based nursing practice – an evaluation of an educational programme. Nurse Education Today, 20, 435-442

takingaction

Acknowledgements

The Foundation of Nursing Studies would like to thank the following people who made the production of this document possible:

Compilation of this report

Dr Anne Mulhall
Dr Andree le May

Consultation Exercise

Northern Ireland

Chair: Judith Hill, Chief Nursing Officer
Speakers: Professor Martin Bradley & Deirdre O'Brien

Wales

Chair: Rosemary Kennedy, Chief Nursing Officer
Speakers: Mary Hodgeon & Dame June Clark

England

Chair: Gill Stephens, Assistant Chief Nursing Officer
Speakers: Dr Gill Harvey & Sue Reed

Scotland

Chair: Ann Jarvie, Chief Nursing Officer
Speakers: Professor Kate Niven & Rhona Hotchkiss
All those who participated by completing questionnaires and attending the consultation days in the four countries (full attendance lists can be found in the preliminary reports)

The Short & Long term evaluations

Dr Anne Mulhall
Dr Andree le May
Caroline Alexander
Cheryl Thornton

Sponsors

The Royal National Pension Fund for Nurses, who generously supported the production and launch of this report.

Sponsored by



YOUR FINANCIAL HEALTH SERVICE



Foundation of Nursing Studies • 32 Buckingham Palace Road • London SW1W 0RE

Tel: 020 7233 5750 • Fax: 020 7233 5759 • E-mail: admin@fons.org

Reg. Charity No. 1071117