

Long-term Evaluation of Research Utilisation Consultation

Preliminary Report England



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Background

In 1994/5 the Foundation of Nursing Studies (FoNS) responded to the now widely recognised need for practitioners to base their practice on sound evidence of clinical effectiveness (Department of Health, 1996a) by organising nine workshops focused on the utilisation of research. The workshops involved 206 participants (Registered General Nurses, Registered Mental Nurses, Health Visitors and Midwives), spanning all clinical grades, from seven NHS trusts.

The primary evaluation of these workshops was reported in May 1996 in *'Reflection for Action'* (Foundation of Nursing Studies). The results were encouraging. The workshops had: strengthened practitioners' skills in critical appraisal; raised their awareness that research varied in its quality; and consolidated their prior knowledge, experience and confidence. However, fears were expressed that these effects 'wore off' with time, and that organisations needed to commit time and resources to enabling their staff to achieve research based practice. As a result of these concerns FoNS considered it necessary to undertake a long-term evaluation during 1997/98.

Two questions guided the second evaluation. What effect had the workshops and the association with FoNS had **in the long-term** on:-

- facilitating participants to critically evaluate research and apply it in practice?
- enhancing a research culture in the organisation?

The results of the second evaluation were presented in a consultation paper and this was distributed to senior nurses, practice developers and nurse educators in Trusts and academic institutions across the UK.

The first phase of the consultation invited recipients of the paper to respond to the findings in the light of their own experiences. They were also asked to comment on the impact clinical governance has had on getting research/evidence into practice and provide information on the kind of resources/support that have, and/or would, help get evidence into practice. The same people were also invited to attend one of four consultation events held in Northern Ireland, Scotland, England and Wales. The overall aims of the consultation were to validate the findings of the long-term evaluation of research utilisation and to explore specific needs in terms of supporting and sustaining the use of research in practice.

At the consultation events we were delighted to have the support of the Chief Nursing Officers to open the events in Northern Ireland, Wales and Scotland and a Deputy for the Chief Nursing Officer in England. Each day included presentations on the challenges of getting research into practice in each of the four countries. During the day participants were divided into small discussion groups and asked to focus on 4 areas:

1. Developing knowledge and skills to support research utilisation
2. Establishing organisational structures to support and sustain research utilisation
3. Creating and maintaining a culture for research utilisation
4. The role of the Foundation of Nursing Studies in supporting and sustaining research utilisation

Workshop discussion group guidelines were provided for areas 1-3 and participants were asked to record as much as possible of their individual thoughts, views and experiences from and about current practice in individual response sheets. Flip charts were also provided for recording information. Participants were given an individual questionnaire to complete during the day that focused on area 4. The individual and group notes, questionnaires and flip charts were all collected from each group and have formed a large part of the data collected from each of the four days. An individual preliminary report has been prepared for each country and participants

have the opportunity to comment on and verify the content of the report. These four reports contribute to an overall UK-wide publication.

Introduction to the England Consultation

Thirty-six people attended the consultation event for England held at The Medical Society of London on 2nd August 2000. We were very pleased to welcome Gill Stephens, Assistant Chief Nursing Officer, England to open the day. Ms Stephens talked about the nursing strategy and the many important initiatives underway to strengthen nursing's involvement in research and its application to practice. We were also pleased to have two keynote presenters from England to set the scene for the workshop activities. Gill Harvey, Director, DQI Programme, Royal College of Nursing Institute, Oxford helped focus the morning's activities with an interesting and informative presentation exploring the nature of evidence and factors which influence its use in practice. In the afternoon, Sue Reed, Director of Nursing, Bolton Hospitals NHS Trust provided participants with valuable insights into the realities of using research in practice and the approaches being adopted at Bolton Hospitals.

For the purpose of the focused workshop discussions, participants were divided into three small groups. Each group identified a facilitator and ad hoc external facilitation was provided where needed. A vast amount of data was collected from the groups representing both individual viewpoints and group consensus. The data have been transcribed, reviewed and where possible key issues and themes identified. The reviewed data are presented in four sections under the workshop/questionnaire headings and an overall summary and interpretation is provided.

Data Presentation

Workshop 1: Developing Knowledge and Skills to Support Research Utilisation

Activity 1.1 Participants were asked to comment on ‘What triggers the use of research?’

The following data represent the common individual responses to this question under four broad headings:

Individual/personal factors

- Problems with current practice e.g. critical incidents, when something goes wrong and poor outcomes
- Alternative ideas from colleagues
- Need to back up changes in practice
- Personal interest
- Networking
- Reading
- Questioning
- Gap in knowledge
- Confidence to read and use research and change practice
- Accountability
- Part of job description
- Need to be seen to be taking research on board

Internal organisational factors

- Writing & developing standards – all of ours have clinical guidance attached that is evidence based.
- Effective leaders interested in R&D
- Complaints
- Risk management
- Fear of litigation
- Nursing roles e.g. clinical specialist, senior nurses, lecturer practitioners
- Link nurse schemes
- Nursing policy and practice committees
- Availability of resources/cost effectiveness
- Practice development team
- Philosophy of practice development
- Audit – problems highlighted
- Presentations of good practice
- Organisation supports evidence based practice and is willing to provide resources to facilitate change in practice

External factors

- New therapies that require investigation of best way to deliver care – linking to similar/related practice in other fields

- of practice
- Noting that interventions are non or less effective than practice elsewhere
- Variations in practice seen in different Trusts
- Reaction to government initiatives

Educational factors

- Training/education sessions prompting questions on current practice
- Courses, degrees
- Conferences

Participants were then asked to share and discuss their individual responses and draw together the common and most important themes which trigger the use of research in practice.

The following themes were found in all three groups:

Organisational culture

- Flexible and receptive organisation
- Staff empowered to initiate change
- Top down and bottom up approaches “top fed – bottom led”
- Valuing of nursing role
- Practice development structures
- Appropriate nursing roles, clinical specialist, consultant nurses
- Knowledge valued
- Commitment to lifelong learning
- Links with academic institutions
- Research networks and link nurses within the organisation
- Support for career pathways for those interested in research

Patient care

- New practice
- Variation in practice
- Poor patient outcomes

Clinical governance and risk management

- Needing to develop practice to comply with variations in therapy
- Economics and cost efficiency
- Individual and Trust accountability
- Audit and evaluation of practice
- Benchmarks

Education

- Ongoing professional education and support (links to commitment to life-long

- learning)
- ‘Actual’ practitioners delivering the research message
- Student nurse education that uses problem-based learning methods

Activity 1.2 What knowledge & skills do you/your colleagues need to support research utilisation?

Participants were asked to consider the kind of knowledge and skills needed.

The responses from participants have been grouped under the following key headings:

Leadership & change management skills

- Understanding the processes of change
- Strategic vision
- Good clinical facilitator
- Recognised champion
- Knowledgeable and influential
- Communication and negotiation skills
- Understand teamwork
- Political awareness
- People awareness
- Able to empower others

Research skills

A range of skills linked to the research process were identified as important, although by far the most often mentioned were critical appraisal skills. These were described as being the best way of ‘creating an understanding of research’, increasing nurses’ confidence and enabling nurses to ‘utilise research effectively’ to improve the quality of care.

Other skills that were identified as important were:

- Understanding principles of the research process
- Research awareness
- Research methods
- Writing proposals
- Interpreting statistics
- Dissemination skills

As well as identifying knowledge and skills requirements, two groups also stressed the importance of nurses knowing where to get support from to use research and evidence, to prepare research proposals and to analyse data and interpret statistics. Finally, one group highlighted the need for nurses to

be aware of different types of evidence, and being aware that research is not the only type of valid evidence.

IT skills

- Information search skills
- Computer and paper literacy
- Internet skills

Participants were also asked to consider who needs the knowledge and skills and how loss of knowledge and skills can be prevented.

Who needs the knowledge and skills?

There was limited response to this question, but the following statements have been extracted:

- “...have to decide on levels of knowledge – all need enough to critically read”
- “...focus on practitioners at all levels”
- “...draw on individual skills,...broad range of staff, in particular managers, senior nurses”
- “...avoid stifling enthusiasm”
- “...maybe pick out a cadre of nurses who are receptive to change”
- “...process of natural selection to encourage development of key individuals”
- “...powerful/credible research champions”

How can loss of knowledge and skills be prevented?

The following activities were identified as ways of preventing the loss of knowledge and skills:

- Continually using knowledge and skills in practice
- CPD and PREP
- Clinical supervision and reflective practice
- Career pathways
- Review as part of annual appraisal
- IT accessible at ward level

The following statements were made about the nature of organisations:

- “...creating the kind of environment which encourages the use of research in practice”
- “...fostering a creative, enquiring environment”
- “...needs to be part of culture”

- “...commitment in workplace”
- “...clear organisational strategy and support for change...(using) top down and bottom up approaches ‘top fed – bottom led’”

Workshop 2: Establishing Organisational Structures to Support and Sustain Research Utilisation

Activity 2.1 The consultation report identifies that practitioners quote a lack of organisational support to use research in practice

Bearing in mind the knowledge and skills identified in workshop 1, identify the specific organisational support required to achieve the development of skills and sustain the use of research in practice. Also consider how this could be achieved, where it would fit into the overall organisational structure and who would/should take responsibility.

Creating opportunities for generating and using research in practice

Designated, protected time out for research and education in the same way as medical colleagues have time set aside for study. This should be part of the business plan and available for all staff. Individuals should be responsible for taking time and using it effectively, but managers need to support and encourage.

Dissemination

Mechanisms for disseminating research and evidence need to be developed and should be seen as a priority for R&D departments. Suggestions as to how this can be achieved ranged from the ‘long hand-over’ (used as a learning tool), local newsletter, in-house workshops/seminars and link nurses, to the development of a strategic policy which facilitates change and practice development.

Increasing access to information

Ward-based provision of IT with Internet access should be funded by the Trust. IT skills training is also essential. Library facilities, preferably within the Trust, were also seen as important.

Education & training

Education/academic links were identified as important. Education and training should be practice-based and practice-focused.

Teachers and lecturers should have a clinical base.

The responsibility for achieving organisational support was placed with the Chief Executive and then the Director of Nursing, but some of this responsibility should cascade downwards. Whilst everyone had a responsibility towards research, it was suggested that there were different levels of responsibility and not everyone would do research. Dissemination was, however, seen as ‘universally’ important because of its implications for practice.

Workshop 3: Creating and Maintaining a Culture for Research Utilisation

Activity 3.1 What creates a culture that promotes the utilisation of research?

Participants were asked to describe a characteristic or element that creates the culture and where possible give an example from practice.

The following broad themes, specific activities and where given, examples or rationales, have been drawn from the data:

Marketing

The R&D department and Trust Board need to acknowledge the importance of nursing research to help create a positive research climate for all health care professionals.

- Raise the profile of nursing research and its impact on practice
Rationale: Nurse led practice in the management of dyspnoea in palliative care is preferable to medical-led practice
- Involve users in disseminating results of nursing research
Rationale: In mental health care, service users can be good proponents of research because they know (and say) what interventions have worked for them
- Use audit to examine and share outcomes in clinical areas
Rationale: Audit and feedback spurs people on to change practice

Education

It was acknowledged that nurses are more research aware than 10 years ago, but the need to make sure student nurses are taught research skills early was still emphasised.

- Targeting education (training plan)
Rationale: Raising awareness of research/critical appraisal to the “less interested”
- Incorporate research skills training into mandatory updates
Rationale: Demonstrating the value of research in practice
- Study days or research awareness days involving nurses from within and outside the Trust who have undertaken research
Rationale: Raising the profile of research findings
- Workshops for critical appraisal techniques
Rationale: Facilitating more nurses and midwives in the utilisation of research findings
- Dedicated time out for R&D related activities and training for all health care professionals
Rationale: To stop R&D activities being seen as low priority
- Ward-based research utilisation workshops, perhaps around a specific piece of research (facilitation role for FoNS identified here)
Rationale: Help nurses to see their own potential to integrate research findings
- Regular R&D workshops, networking, exhibitions of evidence based practice
Rationale: To create a positive culture and encourage sharing of information

Effective leadership

- Visionary leadership
Example: Skilled transformational leadership shown to inspire, encourage and empower others; suggested role of Nurse Consultant
- Good, supportive leadership from Chief Executive to ward managers
Example: The manager who works directly on a unit can be a role model who promotes and instigates evidence based practice and creates a positive research climate

Blame-free culture

- A blame free approach ‘enough rope but not enough time to hang yourself’
- Freedom to explore ideas without blame or shame
- Being enabled not managed/instructed
- Acknowledging good practice
- Being valued

Recognition and reward

- Recording and publishing
- Recognition praise of a job well done, ‘NOT performance-related pay’

Multi-disciplinary working

- Encouraging multi-disciplinary practice
Rationale: Research findings cannot be implemented in a uni-disciplinarily way
Example: Integrated care pathways

Preparedness for change

- If research is to be utilised then there must be a culture willing to accept change in practice
Example: Commitment from managers and practitioners to fund and use new pressure care aids if and when the need is identified as a result of research

Funding and Resources

- Availability of funding and resources not just for research, but to enable nurses to be released from the ward to take part in utilisation/practice development initiatives
- Help for people to access funds, e.g. developing ‘an idiot’s guide’ to proposal writing
- Find other ways to get money, e.g. getting drug companies to fund nursing research, using other organisation such as FoNS
- Managers and practitioners should be more creative with available funds
- Library of resources available to all clinicians

Patient centredness

- Patient focused care
- Patient generated change

Questionnaire: The Role of the Foundation of Nursing Studies in Supporting and Sustaining Research Utilisation

Participants were asked to provide information on the kind of activities the Foundation should continue to support in order to fulfil its aim of getting research into practice. The findings from our long-term evaluation have identified workshops as a valuable means of developing skills for using research. We wanted to find out more about the value of workshops and also about other things that might be useful

Four key interlinked areas of activity were identified:

Activities that increase implementation and dissemination

National:

- Increase collaboration between centres nationally to reduce repetition and enable teams to join forces to make more effective use of time and resources
- Sponsorship of practice-focused research projects to give nurses time out
- Publication of good news stories on research activity and the implementation of research, regular regional half-day sessions. Especially good for Trusts without expertise and resources
- Development of basic and simple guidelines for all staff on the research process and the use of research in practice
- Practical examples of the clinical application of research
- Management of change days to increase the receptiveness and support for change in the organisation. Complementary to others, for example, King’s Fund
- Continue to share good practice through conferences and forums

Local:

- Support for clinical effectiveness groups and journal clubs
- Presentation of individual research projects so everyone in the organisation knows what others are doing; this could be achieved through workshops, corridor posters, and use of the hospital magazine
- Dissemination between Trusts to provide more localised diffuse sharing of information to prevent re-inventing the wheel and provide opportunities to learn from others
- Clinical supervision and reflective practice sessions to encourage nurses to focus on patients and evidence based practice

Activities that increase knowledge and awareness of research

- Critical appraisal skills for all nurses to help them evaluate and use research in practice
- Research seminars to improve the quality of research undertaken by nurses
- Research training offered to all nurses,

but one group suggested the focus should be on increasing awareness and interest

Funding and resources

- To support projects which implement research in practice
- Study days to support dissemination of research in practice
- Sabbaticals
- IT hardware and software to support data analysis
- Funding for research

Provision of support and expertise

Each group made different suggestions for increasing expertise and helping people 'feel' listened to and supported, including:

- Provision of 'Consultants/experts' who know or have done it. To assist a group/Trust to develop and implement plans. For example, the development of a team by FoNS including members of this group
- Workshops for R&D leads to help them manage their role more effectively
- Telephone help-line for discussion of R&D management to give advice and support

Overall Summary and Interpretation

This summary intends to review and highlight the key issues raised by participants in each of the workshops and in the questionnaire. In workshop one, participants were asked to focus on two areas, triggers for research use and the knowledge and skills required to support research use. As with the other consultation days, this workshop resulted in lengthy discussions and yielded a great deal of data. Individual triggers commonly related to practice problems such as a critical incident or something going wrong. In the group discussion, patient care became one of the main themes where new practice and variations in practice, together with poor outcomes, led to research use. There were many references to activities that involved people being quite proactive about using research, such as seeking or sharing information or evidence. A small number of triggers identified implied that nurses felt using research was something they had to do. The role the organisation plays in triggering

research use was very evident from the individual and group data. The culture of the organisation, its ability to empower staff and commitment to change right through the organisation were key issues for all the groups. Clinical governance and risk management also played a role, as did commitment to education and life-long learning.

The discussion around the kind of knowledge and skills nurses require to enable them to use research in practice was grouped under three key headings. These were leadership and management skills, research skills and IT skills. Leadership and management skills came across as important, particularly the qualities of a leader, which perhaps acknowledges the complexities of using research and changing practice. Under the heading of research skills, the ability of all nurses to be able to critically appraise was described as being the best way of creating understanding of, and enabling nurses to utilise, research. A range of other skills was identified that related more to doing research, but did include dissemination skills. Knowledge of IT and skills training to help nurses search for information was the third key area identified by all the groups. It is difficult to draw any conclusions from the data about who needed the skills identified, although it had previously been stated that all nurses need critical appraisal skills. Some of the individual statements presented suggest the need for smaller groups of individuals who would/could be selected to undertake other more specific activities, although what these might be was not clear. Knowledge and skills could be maintained by providing nurses with the opportunities to use them and maybe making this part of CPD and PREP. The nature of the organisation and the degree to which it encouraged the use of research in practice and supported change would also affect knowledge and skills retention.

In workshop two, participants were asked to think more broadly about the organisational support required to sustain the use of research in practice. Creating opportunities for generating and using research in practice, including the provision of dedicated, protected time out was seen as most important by all the groups. Finding a range of alternative ways to disseminate research and evidence was described as a priority for R&D departments. Using the long hand-over as a

learning tool was one of the suggestions, although it is not really clear if today's shift patterns would facilitate this. The use of link nurses was another suggestion, and there are areas where this approach has been very successful in raising the profile and use of evidence based practice. Enabling nurses to access information easily, and preferably at ward level, was another area of support identified. The need for access to library facilities within each Trust was also considered very desirable, but may not be realistic for many organisations. The provision of Internet access could offer a solution, providing it is truly accessible and nurses have the appropriate IT and searching skills to make best use of it. The fourth area of organisational support identified was education/academic links, in particular having teachers/lecturers with a clinical base. The responsibility for achieving organisational support was somewhat predictably placed with the Chief Executive and Nurse Director, although it was suggested that this responsibility should cascade out to all staff, with implications for practice as the driving or motivating force.

The final workshop on creating a culture for research utilisation appeared to draw together much of the previous discussion and data. Marketing, education and effective leadership were the most common themes identified amongst the groups. Creating a 'blame-free' culture and recognising and rewarding good practice are both areas that have received attention in the nursing agenda more recently, but there is clearly still a need to make these statements reality for many people. Acknowledging that nurses do not work in isolation and embracing collaborative working is essential, perhaps even more essential is placing the patient at the centre of care and practice development. The need for more funding is an inevitable request, but there are some useful points made about where it might come from and how it might be used. For example, funding practice development and not just research, seeking alternative funders and being more creative with funds.

Finally, the completed questionnaires about the role of FoNS in supporting and sustaining research yielded some useful suggestions for the Foundation to consider. Four key inter-linked areas of activity were drawn out from

the three groups. Firstly, a range of activities, national and local, were listed that would increase the implementation and dissemination of research/evidence. This area is the main focus of the Foundation's work and it is useful to have indication of the kind of activity nurses would find most useful. The provision of support and advice is another area where FoNS has a role, particularly as an 'added extra' to project funding. The information from the data suggests a more structured, formalised approach would be

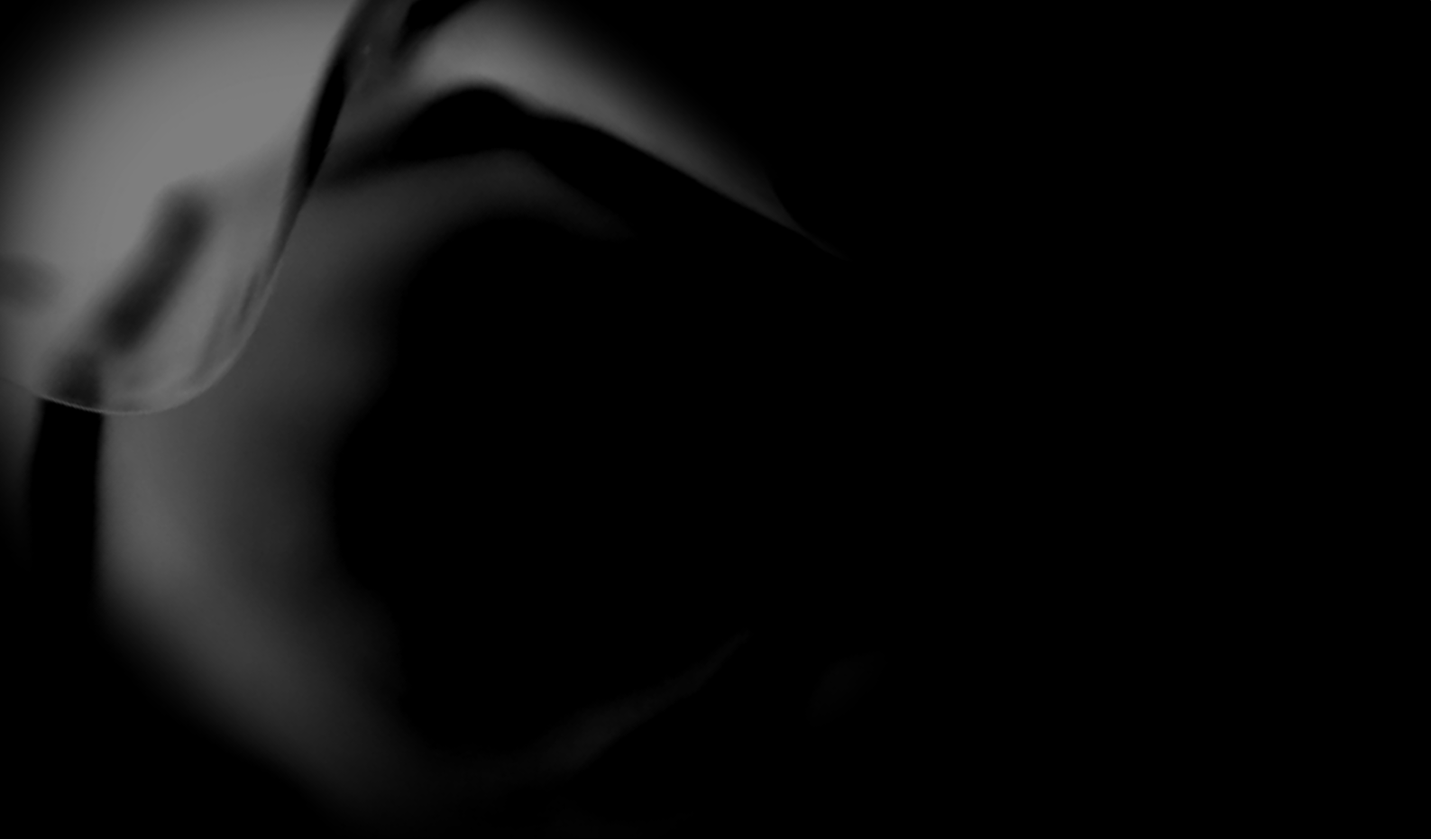
useful and this is certainly worthy of further exploration. Research utilisation workshops similar to those supported by FoNS in the past still seem to be required. Research training is also required, although this does not fit directly with the role of FoNS. The same is true for funding for research, and whilst as an organisation the Foundation would support the need for high quality, appropriately funded nursing research, it is unlikely to move into this area in the foreseeable future.

In conclusion, this report presents a review of data collected from the one-day consultation in England. The data from this report together with that collected in Northern Ireland, Wales and Scotland provide great insights into 'where have we come from?' and 'where are we going to?' in terms of getting research and evidence used in practice.

*Theresa Shaw
Professional Development Officer
November 2000*

Attendance List

Name	Title	NHST/Company
Cliff Bailey	R&D Officer	North & Yorkshire NHS Executive
Jeffrey Bailey	R&D Co-ordinator	Barnsley District Hospital NHST
Gay Bineham	R&D Facilitator	Hounslow & Spelthorne Community Mental Health NHST
Veronica Bishop		
Fay Buglass	Director	Foundation of Nursing Studies
Sue Bulley	R&D Co-ordinator	East Somerset NHST
Gwen Collins	ICP Manager	Ipswich Hospital NHST
Sonia Crow	Asst. Director (R&D)	English National Board
Mary-Anne Darby	Senior Nurse/R&D Co-ordinator	Mid-Staffordshire General Hospital NHST
Paul De Raeve	NMDS Co-ordinator	
Geoff Dickens	R&D Nurse	Northampton General Hospital NHST
Tracey Flannaghan	Behaviour Psychotherapist	Leicestershire & Rutland NHST
Helen Goodman	Research Nurse	Royal Brompton & Harefield Hospital NHST
Margaret Goodman	Area Nurse Manager – Marie Curie Cancer Centre	
Gill Harvey	Director – RCN DQI Programme	Royal College of Nursing Institute
Alan Howard	Tutor Practitioner	Institute of Psychiatry
Jane Hunt	Senior Nurse R&D	King's Healthcare NHST
Kathryn Jones	Deputy Director of Nursing	St. Mary's NHST
Susan Kidd	Head of Clinical Practice (Nursing & PAM)	Epsom & St. Helier NHST
Ann Lee	Director of Nursing	St. Margaret's Somerset Hospice
Claire Love	Step Project Co-ordinator	Worthing & southlands Hospitals NHST
Maggie Mallik	Senior Nurse/Lecturer R&D	Royal Free Hampstead NHST
Anne O'Leary	Clinical Support Nurse	North Staffordshire Combined Healthcare NHST
Paula Ormandy	Nursing Research Fellow	University of Salford
Charlotte Ramage	Senior Lecturer	Hastings & Rother NHST
Sue Reed	Director of Nursing	Royal Bolton Hospitals NHST
Lorraine Robinson	Principal Lecturer	King's College London
Jo Rycroft-Malone	R&D Fellow	Royal College of Nursing Institute
Theresa Shaw	Professional Development Officer	Foundation of Nursing Studies
Judith Skargon	Clinical Audit Co-ordinator/Nurse	North East Essex Mental Health NHST
Gill Stephens	Asst. Chief Nursing Officer for England	Department of Health
Veronica Swallow	Senior Lecturer	
S Wilson	Senior Manager, Service Development & Performance	Rockingham Forest NHST
Jane Wright	Research Associate	Central Nottinghamshire Healthcare NHST
Pam Wright	CNS/Teaching Fellow HSSI	University of Essex
Helen Young	Deputy Director of Nursing & Quality	East Kent Hospital NHST



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