Reflection *for* ACTION

An Exploration of National
and Local Nursing
Research Implementation
Cultures

Barriers, Expectations and
Achievements

Identifying Opportunities
for The Future

THE FOUNDATION
OF NURSING STUDIES
PUTTING RESEARCH INTO PRACTICE

Page   **CONTENTS**

Background to the Foundation of Nursing Studies

Although the importance of research in guiding clinical practice is increasingly recognised by both the government and the professions (Department of Health, 1993a; 1993b; UKCC, 1992), there is ample evidence in the nursing* and medical literature that the reality does not match up to the ideal (Wal·h and Ford, 1989; Oxman 1994). It is a concern with this gap between research and practice which motivates the work of the Foundation of Nursing Studies (FoNS) whose objective is to help the nursing profession to **disseminate, use and implement proven research findings to improve patient care**.

Research is used when it is accessed, read and evaluated with a view to increasing knowledge and understanding. Implementation occurs when changes, based on the results of research, are made in practice. These activities rely not only on the availability of relevant research, but more crucially on the critical evaluation of that knowledge. However, implementation also requires both a means to translate research findings into the language and action of practice, and the opportunity to elicit sustained changes based on these findings.

Within its strategy to promote and facilitate the utilisation of research, FoNS has supported specific interventions designed to increase research utilisation amongst nurses.

Dissemination:

⊛ An annual conference programme designed to bring research findings to those practitioners who could most benefit from this new knowledge

⊛ Support of networks to promote the dissemination of research findings and provide peer support to those who are key players in the management of change

⊛ Funding and/or planning advice for those who wish to run local conferences/study days and to those who wish to present the findings of their research at national and international conferences

Implementation:

⊛ A series of Effective Utilisation of Research Workshops that have taught practitioners the skills and knowledge necessary to critically evaluate research findings and instigate and manage change

⊛ Funding and support of projects submitted by organisations also committed to putting research into practice in fields where an expanding amount of sound research is being produced

The Foundation's support does not stop at the implementation of research into practice. By disseminating the findings of these projects as widely as possible, we hope to encourage **replication and evaluation** of these research-based changes in different settings. This will facilitate the production of appropriate research questions that will expand the profession's knowledge base, and move us beyond the well worn practice, so common to nursing, of re-inventing the wheel.

* the terms nurse/nursing refer to nurses, midwives and health visitors.

The Logical Next Step - Reflection for Action

To ensure that these interventions, and those we gain funding for in the future, truly meet the needs of the profession and actually influence the outcome of care, it is essential that our strategy is founded on solid evidence that reflects the current culture and environment of healthcare in the UK. As Rodgers (1994, p 910) points out, although '...there is much speculation about strategies to improve research utilisation .... until we know what factors may influence research utilisation, we can only address a hypothetical problem with a hypothetical solution'.

It is increasingly clear that the effective use and implementation of research depends on many factors, not least of which are: the quality and appropriateness of the national research output; the research and change management skills of those involved; and the existence of a receptive 'environment', both in terms of individual attitudes and organisational structures. This complexity is highlighted by Rodgers (1994) who underlines the importance of simultaneously addressing the multiple factors which may affect utilisation. Many other commentators have reflected this idea of a complex, contextually dependent phenomenon and the need to create a positive research culture (Hunt, 1987; Closs and Cheater, 1994).

It is crucial, therefore, that strategies for introducing research and initiating and managing the associated changes in clinical practice are grounded in an appreciation of this 'research culture'. Without this knowledge, valid and well structured implementation programmes may founder through apathy, indifference or outright opposition.

To this end, FoNS actively decided to seek the views of a cross-section of the nursing profession. By giving them the opportunity to reflect on their practice, we can establish the way nurses think about research, the value which they put on it, and how they envisage that it may help them in their everyday work. This picture will not only direct our future activities, but should also be helpful to the profession, at both a policy and an individual level, in finding strategies to move forward.

Three approaches were used to obtain this information:

- Breaking Down Barriers: Effective Implementation of Research – A synthesis of facilitated discussions at four conferences held in Scotland, England, Northern Ireland and Wales which examined the strengths and weaknesses of current provision and the needs and opportunities for effective dissemination and implementation of research

- An evaluation of the Effective Utilisation of Research Workshops series to investigate the usefulness of this type of educational initiative

- A phenomenological study involving nurses and managers to investigate the utilisation of research in nursing

The following reports share the findings of these investigations and pinpoint implications so that future strategy development, both national and local, can respond more effectively to the particular needs associated with the dissemination and implementation of research in nursing.

Although particular issues were identified through each data collection approach, this triangulated method has allowed greater confidence to be placed in the results. The similarities of the findings from the different approaches compound the usefulness of the results and implications.

Making these Reflections a Reality in Practice

By informing the debate, we hope to give the profession the working materials necessary to make research-based practice a reality. Once you have read this document, we hope the wider picture will be more clearly in focus and the complex set of activities, and their interaction, that are necessary for a positive research-based culture to be achieved will be visible.

All nurses, whether in clinical practice, management or education have an important part to play. We hope you can use these findings to influence your practice whether at an individual or organisational level.

Breaking Down Barriers: Effective Implementation of Research

A Report on Four Conferences held in Scotland, England, Northern Ireland and Wales

INTRODUCTION

Between November 1994 and March 1996, the Foundation of Nursing Studies (FoNS) hosted four conferences, one in each of the four countries of the UK, to which senior nurses in purchasing, education, research, provider units and professional and statutory bodies were invited.

The overall objective was to provide an opportunity to debate the issues surrounding dissemination and implementation of research. More specifically, the intention was to provide a forum for participants to examine the strengths and weaknesses of current provision, and by identifying needs and opportunities, set an agenda to move forward. These issues were explored at both a local and national level. To capture the individual views of delegates, break-out sessions with a facilitator were organised.

In the following report, Anne Mulhall has synthesised the feedback from these group discussions. Those who attended the conferences had the opportunity to review her report and make comments. All of these comments have been incorporated into this document.

The information presented here was not collected in a strictly systematic manner, nor from a strictly representative group of nurses, nevertheless it is valuable data which portrays the views and perceptions of those attending the four conferences. Those themes which emerged repeatedly from all four countries illustrate some consensus of viewpoint and should be recognised as such.

Only the key themes which emerged are included. The data will be presented in terms of universal themes, common to all four countries, and local differences across the UK. The data that follows are organised into three sections:

Section I   provides a summary of the current strengths regarding dissemination and implementation and the corresponding constraints and barriers.

Section II   discusses what is perceived to be needed for more effective implementation, and includes many examples of specific strategies which would create the opportunity to move this agenda forward.

Section III   looks at the implications of the findings.

SECTION I
CURRENT STRENGTHS, CONSTRAINTS AND BARRIERS

a) Current Strengths

Universal themes:

● National centres/databases/resources, eg the King's Fund, the Royal Colleges, the National Boards, the Cochrane Centre and the NHS Centre for Reviews and Dissemination (NHS CRD)

● *Post Registration Education and Practice (PREP)* and *Project 2000*

● Nursing Development Units

● Specific posts, eg lecturer practitioners and practice development nurses

● Research fora at trust level

● Local networks and newsletters

● Local centres of excellence, educational initiatives and senior university appointments

● Linking educational research projects to local trust objectives/strategies

Local themes:

SCOTLAND
The established Scottish Health Service Research Network and the then new Nursing Research Initiative for Scotland were seen as particular strengths.

ENGLAND
Attention was drawn to the improvement in links between the service sector and education, particularly in terms of joint alliances with 'new' universities and the facilitation of links through English National Board (ENB) regional development monies.

NORTHERN IRELAND
Emphasis was placed on a more general awareness of the importance of research and its nascent multi-professional approach. Publication of research by 'local' nurses and the increase in research projects in the community were also singled out.

WALES
Regional developments were frequently mentioned, such as the Welsh directory of nursing innovations and the demonstration projects under the clinical effectiveness initiative. Midwifery-led beds and a new emphasis on ensuring that only research of good quality was undertaken were additional points.

b) Current Constraints or Barriers

Universal themes:

- Lack of skills in critical appraisal, change management, implementation and Information Technology (IT)
- Lack of knowledge regarding availability of databases or initiatives
- Access to libraries, particularly across disciplines, is difficult
- Research reports are jargonistic, inaccessible, and their implications for practice are unclear. Researchers are intimidating
- Insufficient time and resources: research is not regarded as legitimate 'work'; time is further eroded by nurses taking over some of the duties traditionally undertaken by junior doctors; new shift patterns; short term contracts and Project 2000 students having supernumerary status
- Lack of autonomy
- Lack of a formal dissemination strategy - information does not cascade down
- Lack of clarity over who is responsible for dissemination and implementation
- Inter-professional problems: uni-professional dominance of ethics/grants committees and research projects; nursing research is either unknown or unvalued

- The National Research & Development Strategy: not user friendly; not linked to local needs; puts nursing research in a very competitive market

Local themes:

SCOTLAND
Lack of advice and support were considered by delegates to be a constraint, but they cautioned that insensitive facilitators may further decrease individual autonomy. The increasing number of health-care assistants and the impact this has/will have on research implementation was also raised.

ENGLAND
Delegates recognised aspects of the internal market such as the emphasis on value for money and the poor representation of nurses in the crucial purchaser-provider relationship as important barriers. The level of research awareness in nursing leaders, both nationally and locally, was also considered to be very variable.

NORTHERN IRELAND
In common with England, participants raised the issue of the prevailing emphasis on competition and reducing costs within trusts along with the overwhelming culture of change.

WALES
Constraints centred around education, including the separation of pre-registration education and the fear that PREP might reduce everything to the lowest common denominator.

SECTION II
NEEDS AND OPPORTUNITIES

a) Specific Needs

Education and educational establishments

- Training courses in the skills of critical appraisal
- Universities to be more pro-active
- Formal research links with academia
- Project work for academic courses to link with trust research strategy

Information

- Specific dissemination strategies
- Improved access to databases and libraries

Professional Support

- Facilitators/mentors
- Champions at high levels in trusts and stronger leadership of nursing
- Clarification of roles regarding dissemination and implementation

Organisational

- Research to become part of the 'normal business' of trusts

- Research to be 'written in' to purchaser-provider contracts and pre-contract discussions

Research

- More multi-professional projects, particularly those led by nurses

- Nursing research to maintain its own identity, but forge links with other professions such as those allied to medicine (PAMs), doctors and health service researchers

- Projects which demonstrate cost effectiveness

- Research into the relative effectiveness of implementation strategies

Strategy

- National and local research strategies to be more closely attuned. Professional bodies, Royal Colleges and the Department of Health need to demonstrate collaborative working

- National R & D Strategy needs to consider a wider range of research approaches, especially action research

- Strategy for the independent sector

b) Specific Opportunities

To act locally

Some were identified by all four countries:

- Appoint an R & D committee made up of key individuals with access to resources to formulate local strategy

- Formulate local dissemination strategies

- Maximise usefulness of clinical supervision

Others were identified by individual countries:

SCOTLAND
Develop multi-professional guidelines/protocols/care pathways.

ENGLAND
Distribute funds to maximise multi-professional research.
Develop multi-professional guidelines/protocols/care pathways.
Develop a database of human resources.

NORTHERN IRELAND
Create and support a local research journal.
Raise the profile of the research element in job descriptions of Sisters and Clinical Nurse Specialists (CNS).

WALES
Develop multi-professional guidelines/protocols/care pathways.
Raise the profile of the research element in job descriptions of Sisters and Clinical Nurse Specialists (CNS).
Facilitate the appointment of more non-medical clinical directors.

To act nationally

Some were identified by all four countries:

- Adopt principles and model which were used successfully for audit initiative

- Involve the public

Others were identified by individual countries:

SCOTLAND
Design and organise multi-disciplinary research courses.
Designate 'research training practices' for primary care.

ENGLAND
Increase the availability of distance learning.
Develop CNS role to include dissemination and implementation.
Organise a debate in nursing to determine the framework for dissemination and implementation.
Create a moratorium to investigate the current status of nursing research, ensuring that the research currently available is evaluated.

NORTHERN IRELAND
Create more opportunities for nurse secondments.

WALES
Make greater use of tele-linking/videoing of conferences to facilitate wider dissemination.
Create more opportunities for nurse secondments.
Create a moratorium to investigate the current status of nursing research, ensuring that the research currently available is evaluated.

SECTION III
IMPLICATIONS

The disparity of issues raised makes it difficult to highlight or prioritise particular issues for action. Nevertheless, three main areas stand out:

1. Provide more training opportunities

2. Improve dissemination strategies

3. Facilitate multi-professional working

The Effective Utilisation
of Research

A Report of an Evaluation of a Series of Workshops

INTRODUCTION

In response to feedback from the nursing profession and research evidence indicating the need for educational intervention in the promotion of the skills necessary to critically appraise and implement research findings, The Foundation of Nursing Studies (FoNS) sponsored and organised a series of workshops on the effective utilisation of research. The series was accredited by the Royal College of Nursing and nine workshops were held between September 1994 and December 1995. In this report, Anne Mulhall describes the evaluation of this initiative. It is divided into three sections:

Section I   describes the background and rationale for undertaking the workshops, and includes an outline of the material covered, and the range of sites and participants involved.

Section II   explains how the workshops were formally evaluated and highlights the most significant results from this evaluation. Additional information is provided by way of informal observations from the workshop sessions.

Section III   highlights the implications of the findings for: FoNS; the profession and the research agenda.

SECTION I
THE WORKSHOPS

Background

In committing itself to the dissemination and implementation of research in nursing, FoNS is underwriting a need recognised both by the profession and the government. Access to, and use of, reliable research-based evidence is implicit to the concept of autonomy promoted in the *Code of Professional Conduct* (UKCC, 1992). Similarly, *A Vision for the Future* (Department of Health, 1993) emphasises the need for every nurse, midwife and health visitor to be able to recognise the role of research-based knowledge in the delivery of high quality care, and puts the onus on providers to demonstrate at least three areas where clinical practice has changed as a result of research findings.

The successful utilisation of research depends on many factors. Some relate to characteristics of individual knowledge, ability and motivation, and others to wider socio-political and organisational issues. For nursing practice to change as a result of research findings, three crucial elements are necessary:

1. The availability of appropriate research evidence

2. The conversion of that evidence into an applied form

3. The acceptance of that evidence, and its use as the basis for changes in managerial or clinical practice

Rationale for the Workshops

Although research-based practice should be integral to modern nursing, the mechanisms to achieve this are unclear. Many organisational strategies for closing the research/practice gap, such as nursing development units, audit, practitioner secondment, researcher-teachers and researcher-clinicians have been suggested, but their effectiveness is poorly evaluated (Kitson et al, 1996). At a more individual level, two major strategies to improve implementation are currently being stressed:

1. Efforts to promote and instil the skills pertaining to the critical appraisal of research

2. Initiatives to provide individual practitioners with systematic overviews pertinent to nursing (via the Cochrane Centre and the NHS Centre for Reviews and Dissemination)

The workshops undertaken by FoNS are in direct response to the first of these strategies. Improved professional attitudes to research following educational interventions have been demonstrated in several research studies (Harrison et al, 1991; Perkins, 1992). Furthermore, although not available at the time the workshops were commissioned, subsequent research has indicated that a majority of nurses are not satisfied with their research skills, and feel they are afforded too few opportunities to update them (Pearcey, 1995; Veeramah, 1995). It is against this background that two pressing needs related to utilisation are articulated:

1. An ability to access and critically evaluate research findings

2. The skills and knowledge to instigate and manage change

Sites and Participants

This report concerns the evaluation of nine workshops spanning a range of NHS trusts:

Acute health care trusts	5
Mental health care trusts	1
Community and mental health care trust	1
Joint initiative for community, mental health and acute care trusts	2

206 participants attended including Registered General Nurses, Registered Mental Nurses, Health Visitors and Midwives. The grades of staff were distributed according to the chart below. The majority of participants (85%) had little or no experience of research:
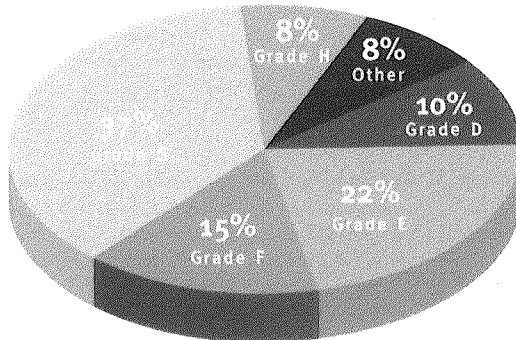
The Workshops

The objectives of the workshops were to enable participants to:

- Appreciate why, how and when research may enhance practice

- Retrieve and select research studies appropriate to their needs

- Critically compare the diverse results and recommendations which may arise through different research designs

- Develop criteria to evaluate different types of research, eg qualitative and quantitative designs

- Build a clinical protocol using research evidence

- Recognise the individual and organisational barriers to change

- Devise and evaluate selected strategies through which research may be utilised in their own area of practice

Format and Content of the Workshops

To achieve these objectives, the format and content of the workshops were as described in the following tables:

Day ONE

FORMAT	CONTENT
Lecture	Opportunities and constraints to research in nursing
Syndicate exercise	Clinical protocols: organisation
Lecture	Clinical research needs
Syndicate exercise	Why and how to read journals
Group exercise	Devising a flow chart for selective reading

Day TWO

FORMAT	CONTENT
Lecture	Accessing the literature
Lecture	Synthesis of the literature
Lecture	Research design
Syndicate exercise	Developing criteria to critique
Debate	Who should do research?

Day THREE

FORMAT	CONTENT
Syndicate exercise	Evaluation of a research article: RCT; survey; grounded theory; case study
Lecture	Dissemination and implementation
Syndicate exercise	Would you implement? Two articles on postnatal depression; development of a scale; phenomenological study

Day FOUR

FORMAT	CONTENT
Lecture	Theory and practice of change
Group exercise	Recognising practice which may benefit from change
Group exercise	Creating a research culture (SWOT)
Syndicate exercise	Building a clinical protocol
Group exercise	Evaluating change in practice

THE EVALUATION

The workshops were evaluated by two methods:

1. A written questionnaire which was administered following all workshops (Response rate = 84%)

2. A qualitative study which focused on three workshops and involved pre-workshop telephone interviews and a post-workshop focus group

1. The written questionnaire

This part of the evaluation enabled the organisers to pinpoint any difficulties with both the organisation and timing of the workshop, and its content. For example, analysis of the questionnaire following the first workshop indicated that the more research-oriented sessions, such as critical analysis of the literature, were introduced too early before participants had relaxed and gained the confidence to raise questions within the group. Each individual session was scored according to content; presentation; value; and meeting of pre-defined objectives. This allowed fine tuning of sessions, and highlighted where the facilitators were perhaps not presenting material in the optimum way for the audience. The evaluation covered many aspects and only the major points are drawn out here.

Overall opinion of event:

Excellent	45%
Good	51%
Fair	4%
Poor	0%

Recommendation of the workshop:

90-100% of participants stated that they would recommend the workshop to a colleague.

Attainment of objectives:

Objectives	Outcome
To enable participants to:	(%age affirming objective as met)
Access the literature and be aware of its limitations	95 - 100
Recognise different research designs and critically evaluate studies based on these designs	93 - 100
Assess the potential for implementing a study in their workplace	80 - 100

Content and value of individual sessions:

In almost all instances individual sessions were rated as good or excellent according to the above criteria. No one particular topic failed either to meet the agreed criteria, or to be unvalued by the participants. A small number of respondents stated that clinical protocols were not useful to their areas of practice, and others appeared to dislike the session where each individual made a written statement concerning ways in which they intended to foster the research culture in their own particular site of work and then committed with a colleague to review these plans at a specified date.

Perceived effect on practice:

At seven of the sites, over 90% of participants stated that they now had the confidence to apply research to practice. However, in two of the sites only about half the participants expressed this confidence. One of these was the first workshop, where a different order of sessions was used. This, and the inevitable problems of being the first site, may have led to this reduction. The other site was a mental health trust, where a third of the participants stated that the course was not at the right level for them, and indicated that they would have preferred a much greater focus on examples of research drawn from psychiatry and mental health nursing.

2. The qualitative study

Although a written questionnaire can provide wide-ranging and useful information, it rarely captures more in-depth perceptions and feelings. This second evaluation aimed to explore how nurses think about research, the value which they put on it, and how the workshop may have changed this. This information was collected through interviews with self-selected participants (13) at three sites before, and six weeks after, the workshops.

Before the workshop

Feelings about research:

Before they attended the workshop the participants' feelings about research were best summed up by the following paradox:

FEAR	*ENJOYABLE*
PANIC	*EXCITING*
WORRY	*GROUND-BREAKING*
ALIENATION	*INNOVATIVE*
DONE BY 'THEM' NOT 'US'	*DESIRE TO BE INVOLVED*
LACK OF UNDERSTANDING	
NOT RELEVANT	
EXTRA EFFORT	
TRENDY	

How did practitioners characterise research?

Research was envisaged as:

- A valuable activity. Important and essential for practice and the profession
- High profile
- Advanced/intensive/complex
- Jargonistic
- Linked to an academic rather than a practice agenda

After the workshop

As noted above, from one perspective participants viewed research with some considerable trepidation. However, the main themes which emerged when they reflected back on **their thoughts about attending the workshops** illustrated a very positive attitude towards research:

- All participants were enthusiastic and excited to attend
- The workshop format was perceived as attractive
- The idea of something specific for nursing was appreciated
- There was a general recognition of a need to update and overcome fear

None of the focus group participants considered that their attitude to research had been changed by the workshop. They felt positive before and they felt the same afterwards. However, there were several tangible **personal and professional outcomes**. The workshops:

- Strengthened their skills in critical appraisal of published research
- Made them acutely aware that research varied in quality
- Consolidated their previous knowledge, experience and confidence in matters surrounding research
- Overcame the jargon problem
- Stimulated them to help colleagues
- Motivated them - but in many cases this 'wore off'

Observations from Workshops

During the course of the workshops a number of themes were repeatedly expressed by participants or were recognised by the facilitators. They included the following:

- An overwhelming need to demystify research and researchers
- A general lack of awareness of national research and development strategies, particularly those such as the NHS Centre for Reviews and Dissemination and the Cochrane Centre which are of vital importance to practitioners
- The varying research 'needs' of the different groups of professionals under the nursing umbrella

- Research issues were best appreciated and understood when they had direct relevance to a participant's clinical area of practice
- The deteriorating physical access to research resources such as libraries or computer facilities which many practitioners perceived

SECTION III
IMPLICATIONS

Implications for FoNS:

- This type of workshop is effective in: reducing fear and lack of understanding of research, alleviating the problem of jargon, increasing skills of critical appraisal
- Small group work and problem-based learning are the optimum educational approaches. The presence of a local research 'resource', either the R & D nurse or the professional development nurse, greatly enhanced all aspects of the workshop
- Consideration should be given to strategies for making similar workshops more widely available

Implications for the Profession:

- Nurses need to be given the opportunity to acquire the skills of critical appraisal
- Health care professionals need the skills to critically appraise both quantitative and qualitative research
- It is possible to acquire these skills with little prior knowledge of research
- Implementation skills present an even greater challenge
- Local support is crucial in sustaining individual effort and enhancing newly acquired skills
- Consideration must be given as to which groups of nurses should be targeted by such educational interventions. Champions or total workforce?

Implications for the Research Agenda:

Studies are required to determine:

- The needs of different professional groups regarding the skills of critical appraisal
- The effectiveness of workshops versus other educational strategies
- Whether the acquisition of critical appraisal skills leads to an increased incidence of evidence-based practice
- Further strategies to assist individual practitioners to activate sound research in their everyday practice

The Utilisation of Research in Nursing

A Report of a Phenomenological Study Involving Nurses and Managers

INTRODUCTION

As part of its wider strategy to promote and facilitate the utilisation of research in nursing, The Foundation of Nursing Studies (FoNS) has supported specific interventions as discussed in the introduction to this document. To ensure that this strategy truly meets the needs of the profession, it is essential that it is founded on solid evidence. To this end, FoNS used one of these activities, namely the Effective Utilisation of Research Workshops, as an opportunity to tap into the experiences of practitioners and their managers to illuminate the way nurses think about research, the value which they put on it, and how they envisage that it may help them in their everyday work.

In the following report Anne Mulhall, Andree le May and Caroline Alexander discuss the results of this qualitative investigation. The report is divided into three sections:

Section I   describes the rationale, design and conduct of the study.

Section II   explains the results of the study. The analysis being guided by three questions:
1. How is research perceived?
2. What is the current status of research-based practice?
3. What are the perceived opportunities and constraints to increasing research-based practice?

Section III   draws out the implications from the data for: FoNS; the wider environment; and the organisation and management of trusts.

SECTION I

BACKGROUND

Rationale for the Study

To ensure effective implementation it is important that we have more knowledge of the way nurses, health visitors and midwives think about research, the value which they put on it, and how they envisage that it may help or hinder them in their everyday work. In other words, we must attempt to define the current culture of research in the NHS. Moreover, if the concept of a whole system, or culture, is important in defining whether research is implemented, then it is clearly important to capture the perceptions of other individuals, such as managers, who may influence this culture.

To date the majority of research studies investigating research utilisation have included only practitioners in their sample, and have adopted a 'scientific' approach which utilised quantitative methods for collecting data. Thus surveys using pre-defined questionnaires and certain quantifiable scales for measuring attributes such as attitudes have prevailed. Yet significantly, Lacey (1994, p 994) reports that 'Perhaps the most productive part of the research was found to be the semi-structured interview, where much information was obtained, and several new aspects were raised...'.

If research utilisation is the complex phenomenon which we believe it to be, then more holistic qualitative data may offer a more comprehensive and insightful view than that achieved through the mostly quantitative research undertaken thus far. Unlike many surveys, qualitative designs seek more in-depth information from fewer participants with the aim of gathering rich data or 'thick descriptions' (Geertz, 1973). This report describes such a study undertaken to investigate the research culture of nurses, health visitors, midwives and managers.

Design and Conduct of the Study

Although research designs derived from the natural sciences undoubtedly have a major role to play in nursing research, certain questions are more effectively answered through methods adopted from such disciplines as anthropology and sociology. One research design - phenomenology (Schutz, 1967) - has found increasing use within nursing. The goal of phenomenology is to describe the 'world-as-experienced' by the participants in the inquiry. Therefore the only legitimate source of data is the informants who have lived the experience of interest.

The study reported here adopted a phenomenological approach to investigating the culture of research amongst 21 nurses, midwives and health visitors, and 9 managers in three health care sites across England (Figure 1). The practitioners who participated were enrolled on the FoNS' Effective Utilisation of Research Workshops and were all self-selected. The managers were selected following consultation with the workshop convenor. The stages of the design are shown in Figure 2.

The interviews were semi-structured, their content and direction being driven by the participants, following minimal prompting by the interviewer. The types of interview prompts used are illustrated in Figure 3. The analysis of the interview transcripts was complex and involved a variety of credibility and reliability checks undertaken both by the participants and the three researchers (Figure 4).

Figure 2
RESEARCH DESIGN
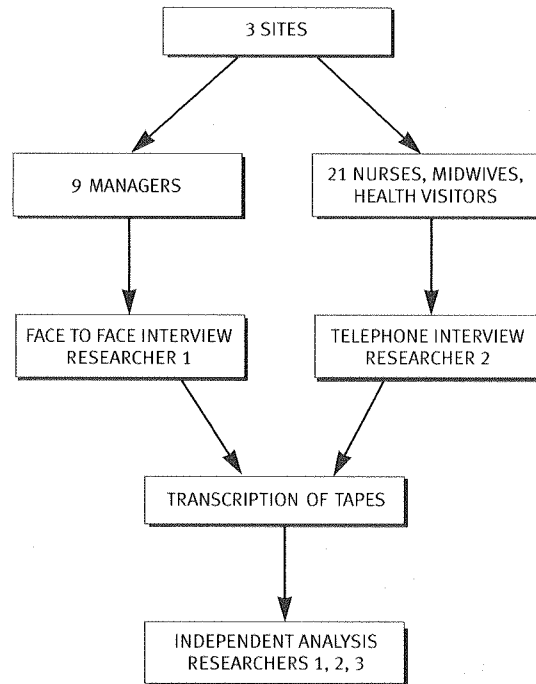
Figure 1
INTERVIEWEES

		PRACTITIONERS	MANAGERS
Site 1		Staff Nurse (Theatres)	Director of Nursing Services
		Senior Nurse Manager (Mental Health)	Senior Nurse (Research & Development)
		Clinical Nurse Manager (Surgery)	Deputy Chief Executive
		Sister (Paediatrics)	
		Senior Nurse (Informatics)	
Site 2		Ward Manager (Orthopaedics)	Director of Nursing Services
		CNS (Theatres)	Senior Nurse (Development)
		CNS (Practice Development)	Chief Executive
		Senior Sister (A & E)	
		Staff Nurse (Pre-admission Clinic)	
		Respiratory Specialist Nurse	
		Junior Charge Nurse	
Site 3		Health Visitor	Director of Nursing Services
		Health Visitor	Training & Development Manager
		Midwife	Chief Executive
		Practice Development Nurse	
		District Nursing Sister	
		District Nursing Sister	
		Staff Nurse (Medical Rehabilitation)	
		Staff Nurse (Acute Medical)	
		Clinical Teacher	

Figure 3
EXAMPLES OF INTERVIEW PROMPTS

For practitioners:
Describe your feelings, experiences and reactions to the idea of research and how it affects what you do everyday.
In what ways does research guide you when working with patients?
Have you experienced any barriers to developing research-based practice?

For managers:
Tell me about research and development in this trust.
What are the funding structures for R & D in this trust?
Are there any particular issues which jump out for you, you think need to be changed, or get you excited or annoyed?

Figure 4
ANALYSIS OF DATA

1. Bracketing of researchers' experiences

2. Transcripts checked by participants

3. Independent review of transcripts by 3 researchers. Extraction of significant statements. Clustering in themes

4. Significant statements checked by participants

5. Consensus on significant statements and themes (credibility/reliability check)

6. Compilation of exhaustive descriptions by researchers 1 and 2 (interpreter triangulation)

7. Amalgamation of exhaustive descriptions for each site by researcher 1. Credibility check of these by researcher 3

8. Descriptions to participants to compare with their own experiences

9. Final version of exhaustive descriptions

SECTION II
RESULTS

This in-depth study yielded a considerable volume of data and only the key findings are provided here. Three questions guided the analysis:

1. How is research perceived?

2. What is the current status of research-based practice?

3. What are the perceived opportunities and constraints to increasing research-based practice?

1. How is research perceived?

What is research?

Research was perceived in different ways by practitioners and managers. The principle themes are detailed below:

PRACTITIONERS	MANAGERS
Site 1	
• Something to base practice on	• Research enhances trust's reputation
• Questioning of practice	• Improves quality of service
• Part of everything which we do	• Ensures value for money
Site 2	
• Research enhances knowledge	• Evidence to apply to care
• Provides factual basis for practice	• Linked to education and quality initiatives
• We are expected to do it	
Site 3	
• Collecting information	• Doing and utilising
• Reviewing literature	
• Goes hand in hand with practice	

How do we feel about it?

PRACTITIONERS	MANAGERS
Site 1	
• Worried and panicky	• Cautious
• Excited	• Re-inventing the wheel
• Want to be involved	• Associated with individuals
• Unsure about what is available	
Site 2	
• Must be nurse-led	• A luxury
• Must have practice focus	• Side-lined
• Alien/scary/phobic	• Done by individuals - not everyone has to do it
• Trendy	
• We do it/they may not	• The way forward for nursing
• Intriguing	
Site 3	
• Sceptical	• Proactive
• Its new	• Committed
• Hard work	• Nurses are leading the way
• Done by others	• Done by practitioners
• Excited	

2. What is the current status of research-based practice?

What does research do for us? What could it do?

For the **practitioners** research was viewed from two major angles, one related to the nature and standard of care which they delivered, and the other to themselves as professionals. So firstly research was seen as improving and developing care whilst also providing the opportunity for evaluation and standardisation of practice. Secondly, research gave professional credibility, confidence, and justification for staffing levels. There was also, however, an undercurrent of scepticism revealed by notions of whether research would in fact change what they did, and more interestingly that the philosophy of research-based practice might lead to ritualised care.

In contrast, for **managers** research was more instrumental in creating a good image, marking the trust as innovative, and attracting and maintaining dynamic staff - hallmarks of a good organisation. Staff development was also perceived as important with research increasing motivation, confidence and autonomy.

Examples of research-based practice

In general, although the practitioners provided more detailed accounts, managers were able to cite specific examples of evidence-based nursing practice. In some instances local research projects had led to changes, eg an investigation into patient controlled analgesia; the development of a risk assessment tool for moving and handling in the community; research into why mothers stop breast feeding. More often however, research undertaken by others was utilised in changing practice. In a number of instances this was achieved through changing documentation and developing research-based guidelines/protocols/care pathways. Examples not only included areas which have traditionally received much attention by nurse researchers, such as pressure sore risk assessment, wound care, timing of 'observations', but also other areas such as blood transfusion practice, chemotherapy and asthma.

3. What are the perceived opportunities and constraints to increasing research-based practice?

The research/practice gap

Most **practitioners** acknowledged that there was a gap between research and practice. For some this was related to the clinical area in which they worked '*In some departments and on the wards they are more aware and there is not a research/practice gap there*' . Likewise '*...it was because we were very much isolated in theatres*'. The gap was explained in various ways. A lack of dissemination was noted, with practitioners remaining unaware of important research findings, or research taking a long time to filter through to the clinical area. For some, however, this time lag was perceived positively, as a time to reflect '*...it gives people a chance to sit down and read this research and other people to do bits on it to get both sides of the story*'. The gap was also related to the particular nature of the research or its financial implications, some studies being seen as lacking in generalisability, or having unrealistic resource implications.

It was not merely the research output which caused problems, but the researchers themselves. Researchers were construed as pursuing academic, not practice goals. '*Full time researchers may be working their own agenda and may not be dealing with issues pertinent to practice*' and '*They did not ever get back to us to tell us what the results were, but we could read the paper in the magazine, it was up to us whether we read it or not*'. Similarly, **managers** may construct researchers in a particular way, '*If you were to ask me to give you a picture of a researcher, then a nursing researcher is someone definitely not wearing a uniform, probably walking around with a great pile of books and papers, and somehow the patient is a bit "off there"*'.

Constraints to research-based practice

The constraints to research-based practice cited by **practitioners** fell into a number of themes:

Attitudes:
- Lack of co-operation
- Lack of motivation
- Fear
- Resistance to change/ritualised practice

'*There is fear and apprehension, mistrust, just another fad idea for the nurses on the ground.*'

Beliefs:
- Research won't make a difference
- Research data are not appropriate
- Conviction that current practice is 'OK'

'*If we started total research-based practice would we do things differently? I don't think we would.*'

Professional Relationships:
- Medical staff block implementation
- Medical staff consider nursing research sub-standard
- Nursing colleagues are unco-operative
- Senior staff are resistant to change
- Research should be undertaken by practitioners
- Research 'goes' with an individual
- Low grading of research staff

'*Simply because it was not carried through, I felt they played a game of research really.*'

Organisational Issues:

- Time
- Pressure of workload
- Too much change

'The nurses on the ground feel that it might be another imposition on them from above, because of all the changes that are going on in the NHS at the moment. I think that is why nurses are suspicious of anything...'

Educational Issues:

- Practitioners unaware or unable to access research
- Lack of skills in critical appraisal
- Research reports are jargonistic

'It is not couched in terms that are manageable, and I think they get tired of new catch phrases, and it is the different way things are spruced up.'

Managers meanwhile identified different barriers related more to the history and structure of the trust, workforce issues, and the general environment of the re-organised NHS.

History/Nature of the Organisation:

- Not being a teaching hospital
- Research not part of culture
- Community and mental health trusts have special problems

'We are not a big teaching hospital and we do not have a big research infrastructure involved.'

Re-organisation of the NHS:

- Directorate structure
- New initiatives/too much change
- Competitive market place
- Drive for efficiency - time for reflection or meetings lost

'..something that would change practice, then I think it would be very wrong if people were keeping that to themselves. But nevertheless the sort of market situation has meant that there are a lot more things that people keep what could be called "commercially sensitive".'

People Issues:

- Research is 'attached' to individuals, no trust strategy in place
- Critical mass of research-minded staff needed
- Medical dominance

'One of the difficulties is that you have to have the right people there ... looking to individuals to lead things, if that person goes you lose momentum.'

Staff Development and Education:

- Cost and rationale of changing education
- Academic training is not related to trust objectives
- Training is not evaluated

- Academic input not sustainable under normal work conditions

'The benefit to the individual is that they have developed these research skills, but what was the ultimate spin-off for the trust?'

Opportunities to develop research-based practice

The majority of opportunities to develop research-based practice were recognised by both managers and practitioners.

Organisational Support:

- Specific R & D strategy for trust or for nursing
- Enhanced links with education providers
- Funding for courses and workshops
- Award schemes
- Specific appointments
- Identification and support of champions for nursing

'Research has taken on quite strongly here because of the strategy we developed.'

New 'Structures':

- Research fora
- Research awareness groups
- Pro-active research/ethics committees
- Research centre
- Nursing development units

'It was a research awareness group and it all came about because we were sitting in the library one day talking about a course. We had a meeting the other night and it was packed with people.'

Inter-professional Relationships:

- Multi-professional initiatives, eg guideline development
- Multi-disciplinary research

'This is actually one way in which we are changing. We are changing the blood transfusion guidelines because we have a haematologist in our group.'

Changing Individuals:

- Greater uptake of continuing education
- Recognition by individuals of the importance of research
- Project 2000 and degree courses increasing individual skills and awareness

'Where I work now they are prepared to try.'

Re-organised NHS:

- Evidence-based purchasing

'... from the view of the internal market our purchasers are expecting us to prove that we are using research-based practice.'

SECTION III

IMPLICATIONS

Implications for FoNS:

- The strategy of targeting a wide range of professional groups within nursing and different 'levels' within those groups appears correct

- The current policy of complementing the funding of concrete interventions to increase utilisation with more exploratory studies is beneficial

- Strategies which promote inter-professional work, eg between doctors and nurses, with regard to the use and implementation of research should be developed

- Some innovative mechanisms are badly needed to help practitioners overcome their fear of research, and to make research more exciting and relevant to their everyday clinical work

Wide-ranging Implications:

- Dissemination and implementation strategies must be grounded in an appreciation of the complexity and social nature of research utilisation

- Policy regarding research utilisation in nursing, health visiting and midwifery is hazy. The development of strategies and their targeting therefore remains difficult. For example, should all practitioners be able to critically appraise research? Who should be undertaking systematic reviews of the literature?

- Research is regarded with trepidation, but practitioners overall have a very positive attitude

- Multi-professional teams are perceived as desirable, and acting in conjunction appears to unlock constraints and facilitate both the effective and speedy utilisation of research

- Although some research in nursing, health visiting and midwifery is being implemented, the extent and nature of this activity remain unknown

- Governmental and professional strategies for raising the profile of dissemination and implementation have been effective, but a sizeable proportion of practitioners remain ignorant of these activities

- The outcome of research-based practice is unknown

- The inaccessibility and poor dissemination of research requires attention

- Research often does not meet practice needs, or cannot be 'operationalised'

Implications for the Organisation and Management of Trusts:

- The effectiveness of research utilisation within trusts is enhanced by the existence of a specific strategy for R & D

- Research is perceived and valued from different perspectives which may be unique both to particular groups and the organisation in which they work

- The boundaries created by the internal market may result in a decrease in dissemination, networking, sharing of models and expertise

CONCLUSIONS

This document has brought together several common themes that may be helpful to the nursing profession at both a strategic planning and an individual practice level. We have not highlighted any particular themes as we feel that undue weighting of factors may not be appropriate for your particular situation or in furthering the debate.

This is a position paper that will serve as a resource for those in different areas and levels of the profession. The intention is that it should be used in the most appropriate way to suit your own specific needs.

Copies of all the original reports on which this document is based are available from the Foundation's London offices. We should greatly appreciate any comments you have regarding the findings reported in this document and how they have influenced, or will influence, your practice. This will help us both to continue to inform the debate and to consider if any particular areas require further investigation.

As we said in the introduction to "Reflection for Action", the Foundation is committed to promoting the research cycle. New research questions must continue to be generated, based on evaluation of the implementation of current findings, thereby continually informing and expanding the profession's knowledge-base.

We are seeking not only to reflect the views of the profession, but as the title of this document suggests, to encourage the use of these reflections in action to keep the process of change, evaluation and improvement constantly in motion.

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