Long-term Evaluation of nine utilisation of research workshops

Consultation document

The Foundation of Nursing Studies
Developing Practice • Improving Care

Introduction and 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 objectives were to enable practitioners to: –

- Retrieve and select research studies appropriate to their needs
- Develop criteria to evaluate quantitative and qualitative research
- Practice critical appraisal
- Recognise the individual and organisational barriers to change
- Devise and evaluate strategies to utilise research in their own areas of practice

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 methods used included:-

- A postal questionnaire survey sent to participants in all nine sites
- A qualitative study of practitioners and managers in three sites
- A documentary analysis of trust business plans and R and D Strategies
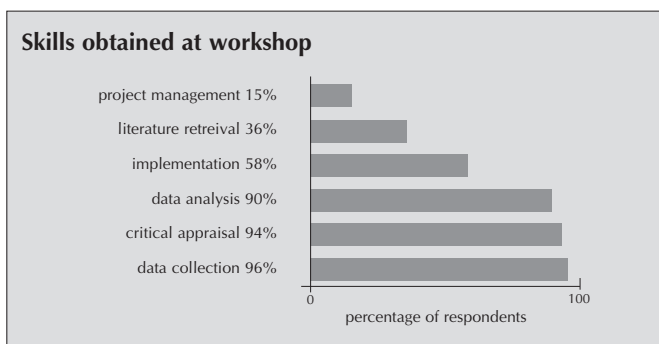
Aims of this document

This consultation document has three aims:-

1. To disseminate a summary of the results of the long-term evaluation
2. To gauge how closely these results reflect the current situation in the NHS
3. To initiate a debate concerning the way forward

Results of the long term evaluation

Skills gained

Participants recognised a range of skills that had been acquired through attendance at the workshops.

Skills obtained at workshop

- project management 15%
- literature retreival 36%
- implementation 58%
- data analysis 90%
- critical appraisal 94%
- data collection 96%

percentage of respondents

For the majority (85%) these skills had helped them use research to: develop guidelines, protocols and policies; review current practices; enhance educational opportunities; and underwrite clinical decisions. These new skills in using research had been achieved principally through an ability to view data more critically and through an enhanced feeling of confidence. Factors commonly cited as facilitating the use of research were:-

- Support from colleagues, managers and the organisation
- Specific structures, for example, R and D groups, university links
- The perceived importance of the topic to the practice area

Were skills lost?

Although the workshop enabled most practitioners to gain a range of skills, which they subsequently employed in practice, half the sample stated that over time they had lost some of these skills. The main reason was lack of use. The proportion of participants who lost skills was approximately equivalent across all the sites and across the various clinical grades. However, the loss of skills was twice as high amongst participants who had never previously attended a research course or who were non-graduates.

A range of other factors hindered attempts to use research.

Factors hindering use of research

- Time 44%
- Resources 19%
- Lack of support 16%
- Other 21%
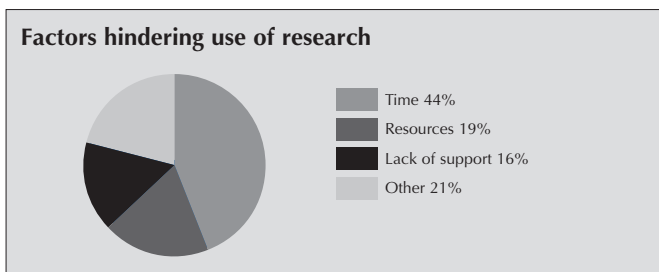
The context

The qualitative study focused on capturing the complex milieu in which practitioners and managers were attempting to work towards research based practice. Two 'pictures' emerged.

a. The practitioners' picture: Stepping over boundaries

Practitioners worked in an encapsulated environment in which their use of research through the skills they had gained was shaped and controlled by various boundaries. These boundaries were associated with a series of competing agendas which were compiled: by the individual; by their perception of nursing and its interprofessional relationships; by the political climate in which they practised (both local and national); and by other constraints and opportunities offered in an ad hoc way through education, training, experience and their relationships with and to others. These competing agendas are either overt or hidden and included the following polarised themes:-

Want to be involved

'I think there's a lot of encouragement now out there for people to do research and nurses generally are more willing to participate and help people'

Have to be involved

'But I did find there was a sort of reluctance, people still feel safe with traditional theories and procedures'

Embodiment

'To be honest it's ingrained in me ... it's been a normal part of my nursing culture for a long time'

Veneer

'There still just isn't time within the working hours to use research or to gain the evidence to change practice'

Strategic vision

'I think one of the biggest helps is the type of culture that we're developing here at the Trust that does encourage people to go away and look at things and try things'

Haphazard

'That's what I find frustrating about the job .. there are fantastic opportunities but it's a question of time, energy and effort. One of the things that is difficult is persuading other people that research is of value in what they're doing'

The workshops shaped the participants' world by heightening their awareness of the position of research in their practice and the opportunities and constraints to the utilisation or generation of research data. Again competing agendas were prominent.

Wanted to come

'I've always been very interested in research, it was the first opportunity I'd ever had to attend anything like that'

Sent by

'I was asked if I wanted to and obviously I said I would but initially it wasn't my doing to go onto it'

Altered views

'I encountered research techniques that I hadn't heard of before'

Maintained views

My views haven't changed

Thus conflicting agendas constructed boundaries which were either rigid and unchangeable, or flexible with the potential for reshaping into facilitative pathways when opportunities were capitalised upon. Again these facilitators were polarised viz.

Myself   Organisation
Myself   Other specific individual
Myself   Influences outside the organisation
Reality   Rhetoric (saying but not believing)

Both opportunities (pathways) and barriers (boundaries) were frequently constructed and/or constrained by cultural norms and expectations.

Pathways and Boundaries to the generation and utilisation of research

Pathways:
Support and encouragement
Catalysts (e.g. workshops)
Organisational structures
Resources
Knowledge, skills and confidence
Morale, motivation and empowerment

Boundaries:
Access to research
Prevailing culture
Knowledge, skills and confidence
Resources
Morale, motivation and empowerment

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b. The managers' picture: It won't happen by magic

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 inadequacy and uncertainty about the meaning of research and development as well as doubts about who was responsible for such initiatives and how they would be funded
'Everyone wants evidence but nobody's prepared to pay for it'.

To sustain any progress, lip service was being paid to research and development since ultimately the real issues were intricately linked to providing 'the service'. R & D were, for some, 'a joke' which had acquired an importance without any associated responsibility and co-ordination.

The multiple agendas were articulated through a series of polarised themes:

National
'Culyer has forced us down the road of trying to put some more structure to what R & D goes on ...'

Local
'As you'd expect in an ordinary District General Hospital it's not at the top of the clinical agenda, rather sort of spasmodic"

Research
'I feel that the main driving force for change in the strategic direction of R & D has been in response to the Culyer work. That's been significant... it's actually put R&D on a higher level'

Practice
'We see Culyer very much as about doing research, rather than the utilisation.'

'I think a District General Hospital is going to be much more involved in the D part of R & D.'

Rhetoric
'The key to our future.'

Reality
'You know research isn't the top of people's agenda.'

These agendas were influenced by informants' views, the values they attributed to research and development within their 'practice' arena, and the support which was available from within or without the organisation . Informants often seemed confused and lacked clear direction, creating an image of "haphazard dabbling' rather than strategic determination. In the main, research was seen as an endeavour in which they did not participate, finding 'development' a more appropriate concept. Research, some thought, was highly prestigious and something done by 'proper' researchers in proper research institutions. Their brand of research was not 'blue skies' but a pragmatic blend of development and research.

c. Business plans
Business and/or R & D strategies for 1997/8 were received from 5/7 sites. Research was identified as a particular Trust objective in four business plans, one of which provided copious detail in reviewing clinical effectiveness and evidence based practice and explaining specific service plans for R & D. Similarly all four of these sites had an R & D strategy in place which was associated with the introduction of various structures such as academic departments, R & D forums, specific training programmes, and R & D databases. In contrast, although audit and quality were mentioned in the plan from the fifth site, research, clinical effectiveness or evidence based practice received minimal attention.

Discussion of the results
The FoNS workshops were effective in transmitting the skills of critical appraisal and the majority of respondents had used these skills in practice to change the delivery of care. Against this at least half of the sample had lost skills through a lack of opportunity to exercise or practice them. It can be postulated that three factors may affect the sustainability of continuing educational initiatives in R&D/evidence based practice:-

- the knowledge and skills of individual practitioners and managers regarding R&D
- the organisational structures which support R&D
- the individual and collective attitude and ethos for R&D

This study shows that appropriate educational interventions can equip practitioners with the knowledge and skills to be effective users of research evidence. However, the qualitative data collected captures the complex social milieu in which health care practitioners and managers work. Often to make progress towards evidence based practice, the practitioners in our study had consciously to step over boundaries which demarcated their actions in any area. Similarly, competing agendas and their associated boundaries limited the world of managers. In a period of considerable consolidation and organisational change within the NHS the priority was in maintaining services, not developing research activity.

However, the profile of R&D in Trusts has 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, 1997a).

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