

**The organizational context and the utilization of research evidence by nurses; a review.**

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## **ABSTRACT**

**Objective:** The aim of this review is to broaden the understanding of the factors which prohibit or promote the interplay between the context and the utilization of research evidence by nurses. Thematic analysis was used to review secondary data from published literature on utilization of research in clinical settings. Findings of this review indicate that many research studies attribute the poor uptake of research by nurses in their daily clinical practice to their individual characteristics. However the challenges in transferring research into clinical practice are often more due to organizational contextual factors than to individual attributes.

**KEY WORDS; Organizational context, research utilization**

## **Introduction**

At the heart of each and every health system, is the health workforce which is central to advancing health. They are the personification of a system's core values – they heal and care for people, ease pain and suffering, prevent disease and mitigate risk. They are the human link that connects knowledge to health action. Each year, billions of dollars are invested in different ways to strengthen the health workforce pillar. One common way is through knowledge generation from biomedical, clinical, and health services research. But despite this, health service providers have failed to utilize the research evidence generated, and as a result patient outcomes have failed to improve, and, health systems continue to underperform.

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## **Organizational context**

The context of a health care organization can be seen from a variety of settings, communities and cultures that are all influenced by (for example) economic, social, political, fiscal, historical and psychosocial factors(A. Kitson, Harvey, & McCormack, 1998). In this review, the term context is used to refer to the physical environment or setting in which people receive health care services, or in terms of getting research evidence into practice, 'the environment or setting in which the proposed change is to be implemented' (Kitson et al. 1998). Such an environment has boundaries and structures that together shape the environment for practice(G. G. Cummings et al., 2010; Carole A. Estabrooks, Squires, Cummings, Birdsell, & Norton, 2009; A. Kitson et al., 1998; McCormack et al., 2002)

The context of an organization, has been subdivided into three core elements or dimensions: an understanding of the prevailing culture, the nature of human relationships as summarised through leadership roles, and the organization's approach to routine monitoring of systems and services—that is, measurement(Carole A. Estabrooks et al., 2009; A. Kitson et al., 1998) . Culture is defined as "the forces at work, which give the physical environment a character and feel" including the prevailing beliefs and values, as well as consistency in these values and a receptivity to change, among members of an organizational setting. The leadership dimension refers to the "nature of human relationships", with effective leadership giving rise to clear roles, effective teamwork and organizational structures, and involvement by organizational members in decision making and learning. Evaluation or measurement dimension is the feedback

mechanisms (both at individual level and system level), sources, and methods for evaluation (G. Cummings et al., 2010; Carole A. Estabrooks et al., 2008, 2009).

## **Research utilization**

Research utilization, a specific form of knowledge translation, is a complex process in which research findings are transformed from one or more studies into instrumental, conceptual or persuasive utilization. Instrumental research utilization is the direct or concrete application of research findings, often identified as the application of clinical practice guidelines, procedures and clinical protocols. Conceptual research utilization occurs when research serves an 'enlightenment' function: that is, practitioners' become aware of research findings, and the findings inform, broaden or alter their thinking and practice in indirect ways. Persuasive or symbolic research utilization is when research findings are used as a tool to advocate for a certain procedure or practice. Generally speaking, overall research utilization can be defined as the use of research findings in any and all aspects of one's work .(G. G. Cummings et al., 2010; C A Estabrooks, 1999)

## **Organizational culture and utilization of research.**

Organizational culture is defined as "the forces at work, which give the physical environment a character and feel", or "the invisible force behind the tangibles and observables in any organization, a social energy that moves people to act. It has been described as the unifying theme that provides meaning including the prevailing beliefs and values, as well as consistency in these values and a receptivity to change and, as such, it constitutes a potential contextual determinant of research utilization (Cahill, Narasimhan, Dhaliwal, & Heyland, 2010).

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Scott-Findlay & Golden-Biddle, 2005, argue that organizational members draw on the organizational culture to understand how things operate. They also claim that organizational culture guides and shapes the behavior and attitudes of practitioners by providing a context where particular ideas, people, or events are more highly valued or deemed of worth than others. A culture that actively supports utilization of research evidence is significantly and positively related to research evidence beliefs and implementation among health service providers (Ellis, Howard, Larson, & Robertson, 2005; Ward et al., 2015)

In 2001, a Canadian- wide survey was undertaken and it was found that health service organizations that had a positive research culture were likely to increase research utilization by 4.81 percent (Belkhodja, Amara, Landry, & Ouimet, 2007). In another cross-sectional survey among 779 nurses in 32 patient care units in 8 Canadian pediatric hospitals, unit culture significantly predicted nurses' instrumental research use (i.e., direct use of research; when evidence is translated to a format such as a guideline or protocol and used for making decisions about patient care (Squires et al., 2013; Wallin, Estabrooks, Midodzi, & Cummings, 2006; Yamada, Squires, Estabrooks, Victor, & Stevens, 2017). Similar work by Belkhodja et al. found specific aspects of unit culture, such as the unit's research culture (i.e., research as the preferred source of information) and the intensity of use of research sources by the unit's members to also be positively correlated ( $p < 0.05$ ) with research utilization by healthcare professionals in hospital units (Belkhodja et al., 2007).

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In a comparative ethnographic case study in two Canadian provinces, it was found that nursing units with the highest mean research utilization scores clustered together on unit culture (as measured by work creativity, work efficiency, questioning behavior, co-worker support, and the importance nurses place on access to continuing education) (Carole A. Estabrooks et al., 2008). Similar work by (Scott & Pollock, 2008) in a pediatric unit found that a low level of research utilization was associated with the following elements of the unit culture: hierarchical structure of authority, routinized and technology-driven work at the bedside, discouragement of innovation, being told what to do, and no expectation of using research in practice (Scott & Pollock, 2008). Additionally, (NE, Suurdt, Ouelette-Kuntz, & DK, 2007) conducted semi structured interviews with key informants that included physicians, nurses, managers and dietitians and organizational culture was identified as an important factor for successful adherence to nutritional guideline recommendations by health service providers.

In Malaysia where 37 primary care physicians participated in six focus group discussions (n=31) and six individual in-depth interviews, workplace culture was found to influence research utilization of the physicians (Hisham, Ng, Liew, Hamzah, & Ho, 2016).

In a Ugandan study among midwives, respondents considered a culture that promoted on-the-job learning from peers, good communication and cooperation among the health workers in the unit as one of the most important ways to acquire knowledge on best practices (Bergström, Peterson, Namusoko, Waiswa, & Wallin, 2012). Similarly in a Kenyan study to explore barriers to guideline implementation in an early phase intervention study in four district hospitals, it

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was found that organization culture was a major barrier to encouraging correct practice, not just for implementing the new guidelines but also served as a motivation for acquiring new knowledge (Nzinga, Mbindyo, Mbaabu, Warira, & English, 2009).

## **Organizational leadership and the utilization of research**

Leadership is;

"the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives"(Gifford et al., 2008).

Leadership is an important ingredient in making changes happen in practice, particularly in terms of obtaining the same affective commitment to change and is necessary in institutionalizing utilization of research evidence in practice (Kristensen et al., 2016). Positive leadership is associated with more positive provider attitudes towards utilization of research evidence into practice. Reviews and observational studies in nursing have supported the role of leadership in research evidence utilization and in influencing the use of practice guidelines. (Aarons, Ehrhart, Farahnak, & Hurlburt, 2015)

The key leadership behaviors that have been demonstrated when research utilization is institutionalized was: creating a vision and sustaining it over time, role modeling by key leaders, and having strong mentors (Stetler et al., 2009). In describing the role of leadership in integrating utilization of research evidence, Delmonte and Oman, asserted that demonstration

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of ongoing commitment by a core group of leaders was found to be essential (DelMonte & Oman, 2010) .

A recent mixed methods study of 37 organizations in Canada, found leadership to be the only predictor of sustained use of clinical guideline recommendations two and three years post-implementation, accounting for 47 percent of the variance ( $p < .001$ ) (Davies, n.d.). In addition, using grounded theory to analyze 9 of the 37 organizations, Gifford et al. identified leadership behaviors as having an important impact on nurses' use of research evidence to inform practice and in sustaining practice change based on guideline recommendations (Gifford et al., 2008)

Leadership behaviors associated with sustained guideline use includes providing support, role modelling commitment, and reinforcing organizational policies and goals for evidence-based care. Other effective leadership contributions are; supporting staff through adjusting workloads, allowing time to consider the evidence, and providing resources to free up staff time to support engaging in research evidence utilization in practice (Squires et al., 2013). Cummings and colleagues used structural equation modeling to test a theoretical model of relationships among features of organizational context and nurses' research utilization, they found that better leadership lead to reports of greater research use by nurses, which then led to fewer adverse patient events (G. G. Cummings et al., 2010).

A cross sectional study that involved 32 patient care units in 8 Canadian pediatric hospitals showed that work environments that had strong leadership significantly moderated the effect of IRU among nurses (Yamada et al., 2017). In Ugandan qualitative study among midwives

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showed the perception on the importance of having a capable leader for knowledge translation was clear, whereby the leader was seen as a person that should be part of the working team and while also acting as a role model. Respondents in the study believed that a good leader should inspire and support professional development and lead in the provision of new knowledge (Bergström et al., 2012). Another study conducted in four district hospitals in Kenya, that included health service providers across cadres found out that poor leadership in the clinical area was the reason for lack of implementation of new clinical guidelines in hospitals (Nzinga et al., 2009).

**Organizational measurement/Evaluation mechanisms and utilization of research**

Evaluation relates to how the organization measures its performance, and how (or whether) feedback is provided to people within the organization, as well as the quality of measurement and feedback (Yamada et al., 2017). Measurement is a complex but necessary component of the environment that seeks to implement evidence into practice. Measurement is both part of the research process that generates evidence on which to base practice and part of the evaluation or feedback process that demonstrates whether or not changes to practices are appropriate/effective/efficient (McCormack et al., 2002). Audit coupled with a feedback mechanism, where data is fed back to a unit's providers in the form of some kind of report, is one of the most commonly applied evaluation mechanisms used in healthcare to implement the adoption of research-based practices (Carole A. Estabrooks et al., 2008). In low resource settings local communities are involved in measuring the performance of health service organizations at the primary care level, and this helps in shaping priorities, guide the



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strengthening approach i.e (new guideline implementation), and creating local ownership and as a result health service providers are held accountable for their role in service provision (Peters, El-saharty, Siadat, Janovsky, & Vujicic, 2009) .

Evaluation has been positively correlated (at statistically significant levels) with all four types of research utilization: instrumental research utilization, conceptual research utilization, persuasive research utilization, and overall research utilization(Hutchinson et al., 2008). In a Canadian study that assessed organizational context (work environment) factors that influence use of best practices by care aides (nursing assistants) in nursing homes a significant predictor was evaluation (feedback mechanisms) (Carole A. Estabrooks et al., 2015).In another trial investigators reported that audit and feedback together with educational outreach and printed materials results in moderate improvements in nursing care, lending support to the importance of evaluation as a contextual predictor (Cheater et al., 2006). Additionally evaluation has been found to be a significant predictor of conceptual research use at the 5% level was evaluation (estimate: 0.353),(Squires et al., 2013)

Supervision and audit with feedback has been found to be generally effective at changing practice than single component interventions. This was highlighted by evidence from a randomized trial which suggested that supportive supervision lead to the provision of improved professional practice and development (du Mortier & Arpagaus, 2005; Haines et al., 2007). If it is correctly done, supervision could be a mechanism for providing professional development,

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improving health workers' job satisfaction, and increasing motivation.(Rowe, De Savigny, Lanata, & Victora, 2005)

While exploring the experiences of health workers working in primary health care facilities in Tanzania, participants who included nurses and doctors in focused group discussions (FGDs) identified positive supervision and improved feedback from referral hospitals as two achievable measures to improve both moral and quality of health care delivery (Manongi, Marchant, & Bygbjerg, 2006).

### **Other contextual factors and utilization of research**

Research on organizational innovation suggests that slack resources, such as funds, staff time, facilities and equipment, are important determinants of successful implementation of new guidelines and a receptive context(Helfrich, Li, Sharp, & Sales, 2009). Common perceived barriers by providers in their engagement in evidence based programs are resources, cost, and space (Spassiani, Harris, & Hammel, 2016). Additionally organizations that have been found to be most conducive to research use are those with the resources to incorporate multiple methods and sources of feedback into their evaluative framework(Carole A. Estabrooks et al., 2009; Kontos & Poland, 2009). Evidence from research studies suggests that resources be added as the fourth important contextual component in the implementation of research evidence. (Carole A. Estabrooks et al., 2009).

Organizational slack refers to uncommitted or potential resources which allows an organization (unit) to adapt successfully to internal pressures for adjustments or to external pressures for

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changes (Carole A. Estabrooks et al., 2009). More innovation is believed to occur in organizations with high levels of slack. Organizational slack has been found to be significantly correlated with instrumental and conceptual research utilization. Access to research and resources has also been consistently identified in nursing as important to the utilization of research (C. Estabrooks, 2003)

In order to improve knowledge in clinical practice nurses rely on formal and informal interactions. Formal interactions are organizational or unit-sponsored events meant generally to enhance nurses' professional skills while informal interactions Informal exchanges that occur between individuals working within an organization (unit) that can promote the transfer of knowledge. Estabrooks et al., 2005, reported that nurses rely heavily on social interactions as a knowledge source, using them more frequently than traditionally promoted sources, such as academic journals. This is because peers are not only viewed to be helpful but also receive "affirmational" support, that is, validation of their feelings and ctions.(Carole A. Estabrooks et al., 2005) . In a research study in Canada, formal interactions, informal interactions, organizational slack [availability of resources (i.e., space, staff, time) which allow the unit to adapt successfully to internal or external pressures for change] (space), and unit specialty predicted conceptual research use (CRU)(Yamada et al., 2017)

In Uganda, health workers' commitment was a major aspect of how context influences the implementation of new practices. This commitment commonly referred to as 'loss of morale' was due to scarce resources, low salaries, little appreciation, a heavy workload, and the

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presence of informal payment. Respondents in the study, brought up 'resources' which included; human resources, equipment, drugs and supplies, space, means of transport, and time as an issue that influenced both the implementation of new knowledge and healthcare services overall (Bergström et al., 2012)

A study undertaken at Kenyatta National Hospital, in Kenya, reported that organizational support and availability of resources were significant motivators to research undertaking and results utilization by nurses (Kyalo, 2015). In another study in Kenya, health workers described barriers at the organizational level to include staff shortages, high staff turnover, heavy workload, frequent staff rotations, and poor workflow structure (Nzinga et al., 2009)

## **Conclusion**

Many research studies have attributed the poor uptake of research by nurses in their daily clinical practice to individual characteristics however this review shows that the challenges in transferring research into clinical practice are often more due to organizational contextual factors than to individual attributes. More research into this area needs to be carried out especially in low resource settings.

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