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Evidence-based practice barriers and attitudes: An exploratory study in communitarian setting in the north of Portugal

1. Objectives: Evidence-Based Nursing (EBN) is a relevant challenge to all nurses seeking to establish the most appropriate and secure practices, ensuring better results and optimizing the available resources, according to the participation of those involved in the complex therapeutic process and decision-making. Several research studies have demonstrated a number of barriers to evidence-based practice though most investigations were carried out in acute care settings. Although many of the results of these studies can be transposed to the Primary Health Care (PHC), the reality is that the special and growing importance of the PHC, justifies the development of studies designed to identify, more accurately, the situation concerning the current barriers and attitudes to EBN in PHC, especially considering the Portuguese reality. Consequently our investigation starting question was: “What are the barriers faced by nurses in primary health care for an effective evidence-based nursing?” The goals originally set for this research were to: a) Identify potential barriers and attitudes to nursing practice based on evidence in the communitarian context; b) Describe the current nurse’s attitudes in terms of evidence-based practice; c) Rank the identified barriers and attitudes. The study was developed in the context of one investigation project designed with the support of the «Enfermeira Maria Aurora Bessa Research Grant» assigned by the Northern Section of the Portuguese Nurse Association (Seção Regional do Norte da Ordem dos Enfermeiros - Portugal) in 2010.

2. Methods: In terms of the work design, this is a cross-sectional, exploratory and descriptive study, developed in a Local Health Unit (LHU) of the North of Portugal which provides healthcare to a population of about 186,000 persons. The choice for this organizational context was related to the existence of effective criteria of homogenization and standardization of practices and the articulation present, not only between different levels of care, but also according to the philosophy of job allocation, that is transversal to the entire institution. Our universe were all the registered nurses (N=129) working at communitarian settings in this LHU. All together these nurses work in several structures with different profiles: Family Health Units, Community Care Units and Public Health Unit. The instrument used to collect data was the Portuguese test version of the Attitudes to Evidence-Based Practice Questionnaire (McKenna, Ashton & Keeney, 2004). We obtained and assure the necessary authorizations (the original questionnaire authors, the ethics committee and the administration board) to use the questionnaire and to apply it in the institution. Data collection occurred between December 2010 and March 2011 and statistic analysis, was calculated with SPSS 19.0. Present research limitations must be stated in terms of the dimension of the sample studied (n=95).

3. Results: We obtained a significant response rate of 73.6%. Our sample was mostly composed by female nurses with a frequency of 82.1% and the most representative age was between 21-30 years old with 51.6%, followed by 31-40 with 33.7%. About 80% successfully completed an undergraduate nursing program with the duration of 4 academic years at fulltime and 9.5% already achieved a postgraduate level (Masters or PhD degree) in terms of academic qualification as well 14.7% are attending currently postgraduate education in several areas of nursing and other related sciences. Around 43.2% holds a nursing specialization and in this case, with predominance of the specialization in community nursing with 56%. On the other hand 28.4% of these nurses has already been involved in research projects. In terms of the Internet access, 26.3% refer limitation in the allowed time do it at the workplace. Only 53.7% uses on-line journals; 45.3% uses databases; 37.9% utilizes evidence-based project sites and 38.8% accesses to government sites. The results also include the main sources of information / knowledge they use to support practice. About 78.9% of nurses uses protocols in first place and in, second place, they refer courses with 70.5%, followed by the use of Official Clinical Guidelines and Evidence-Based Circulars with 66.3%; the opinion of Colleagues as a relevant score with 63.2%. The Central Services Agency appear with 66.8% and Conferences with 51.8%. With less than 50% of the answers, we found Scientific Journals with 46.3% and other Media with 21.1%. On the other hand, 22.1% support their practices according with their own judgments. Finally we built a 15 research barrier ranking (in a total of 26 items) based on the aggregated scores (taking into account the possible answer options "Agree" and/or "Strongly Agree"), and considering only the resulting averages higher than 50%. Participants rank barriers and attitudes as follow: 1st: I feel that there are benefits to changing my practice, based on research. (87.4%); 2nd: Implementing evidence-based practice will be benefit to my professional development. (87.3%); 3rd: I would feel more confident if there was an
individual experienced in research to supply me with relevant information. (81.1%); 4th: I believe that I should do a course to help me use research effectively. (77.9%); 5th: I find time limitations prevent evidence-based practice being used effectively in my practice. (73.7%); 6th: I find patient compliance is a major factor in the use of evidence. (66.3%); 7th: I am confident using computers to search for evidence-based information. (66.3%); 8th: I believe the results of research that I read. (65.2%); 9th: There are no incentives to develop my research skills for use in my clinical practice. (63.1%); 10th: I feel confident in my ability to evaluate the quality of research papers. (62.1%); 11th: I believe that putting research into practice is to some extent dependent on how much is going to cost. (56.9%); 12th: There is not enough money to fund health care research. (56.9%); 13th: I find it difficult to keep up with all the changes happening in my work environment at present. (52.6%); 14th: I find it difficult to access the nearest library on a regular basis. (51.6%); 15th: I feel isolated from knowledgeable colleagues with whom I could discuss research findings. (51.6%). The personal overall estimation of daily evidence-based practice of nurses that participated in this study is 62.6% (n = 82). In this concrete item, 13 nurses (13.7% of the sample), didn’t answer.

4. Discussion: In our study, nurses clearly demonstrated the conviction that it's positive to support their practices based on research. They also believe that this fact will bring a better develop for their professional future. However, they would feel more confident if there was an individual experience in research and that they should do a course to help in using research effectively. Overall, the barriers identify point to several causes, according with our literature review. However with the higher scores, we verify the personal dimension dominance. Nevertheless, we also found items that point to organizational, cultural and scientific dimensions in order to explain attitudes and justify the full adoption and, on a daily base of an EBN. In a global analysis, according with the sample academic qualification level, a very significant part of participants have the future potential to change and adopt, in a daily bases, caring best practices. Finally and according other studies developed abroad, our results seem to be reasonably overlaid with other realities that already have been studied. Implications for Clinical Practice: An evidence-based nursing it is necessary to correspond to the social obligation of the profession, sustaining and increasing the credibility among other health disciplines and, through the construction of nursing based in knowledge, it is possible to influence positively health policies, increasing value to the health care developed by nurses worldwide. In this sequence, it’s fundamental to identify, in terms of evidence-based practice, barriers and attitudes, independently if they have a personal, professional, scientific or organizational origin. According with our research, we believe that nurse’s attitude will support the necessary changes in the future. We are also continuing our research efforts seeking the conclusion of the adoption and cultural validation process of the Portuguese Version of the Attitudes to Evidence-Based Practice Questionnaire (Mckenna et al., 2004). With this tool we will be more able to develop a continuous survey of a large number of nurses and with the resulting associate data collection, it will be possible to draw a safer and more accurate profile of attitudes and practices of nurses in terms of EBN. Having this kind of information, we hope to enable an effective and assertive answer to exceed the factors that obstacle a desirable EBN. A final note is relevant to conclude a global analysis of the present situation in the Portuguese nursing care today. In order to do it, it’s mandatory to refer the present economical crises with all is potential to delay caring practices reforms. In a long term this treat could became an opportunities and a quite positive factor, increasing the support of health and caring practices evidence-based, mainly with the reinforcement and focus in the organizations integrated in communal settings, specifically in the Primary Health Care. A final conclusion points to the necessity of a better EBN support to all nurses in the field, with the creation of partnerships with nursing schools and an integrated policy of clinical research involving the active participation of nurses. It’s also essential that working and governmental organizations provide the necessary conditions to support and promote EBN. At this point, probably the main organizational role in this process should be the public assumption of the importance of an evidence-based nursing practice. With this statement, organizations should provide the mandatory and necessary stimulus to the working nursing staff.

BIBLIOGRAFÍA/BIBLIOGRAPHY:
