

Getting evidence into practice for nurses and carers in rural aged care nursing homes

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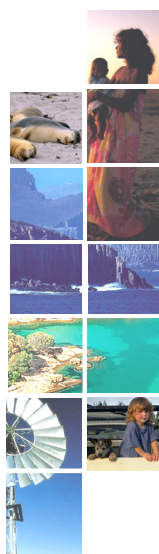
INTRODUCTION

This paper describes a research and education project undertaken by academic staff from a university department of rural health, two aged care nursing homes and an evidence-based nursing organisation. After discussion with two rural based aged care institutions located in regional towns with population bases of 22,000 and 14,000 respectively it was agreed that a study to determine the sources of evidence used by nurses and carers and some education and training around the use of evidence in daily practice would be beneficial.

Facilities providing care to the frail aged have come under increasing scrutiny in recent years and some have been found to have standards of care below what is expected. There is public and political outcry when incidents involving residents being mal or mistreated are reported. This has resulted in increased pressure on clinical staff and management of nursing homes to comply with existing care standards and keep abreast of new developments in the aged care industry. Access by staff who care for frail aged to high quality evidence related to practice can be time consuming and costly. In a further undercurrent the work of aged care nursing is often not valued by nurses and the public, which may explain the relatively low effort to improve work practice quality through use of evidence. This is not confined to aged care nursing. Experience with health disciplines such as medicine has shown the considerable complexities of changing practice behaviour to use evidence in daily practice.^{1,2}

Evidence-based practice

Evidence-based practice (EBP) seeks to encourage health professionals to use the best available evidence from research in day-to-day practice. Medicine has led this world movement with the establishment evidence based researchers forming Cochrane Collaborations and the publication of their endeavours in the form of the Cochrane Library describing best evidence through systematic reviews. Other health professionals have embraced the concept but acknowledge the difficulties of accessing the best available evidence and using it. This is also the case with medicine. The use of evidence-based practice in other disciplines has shown change in traditional practice is possible and can lead to improved outcomes of care, higher worker satisfaction levels and elimination of ineffective practices. The application of these principles to rural aged care nursing is in contrast to the trend towards systematised care not necessarily based on the best available evidence. This trend can be reversed to improve the care of the aged and give aged care nursing a higher status by understanding the sources of



evidence used by nurses and carers and implementing education strategies to improve understanding of EBP and applying these to systems and established care practices.

Goal and aims of this project

The goal of the project was to increase the knowledge levels of aged care nursing and carer staff working in two rural aged care facilities about the use and benefits of evidence-based practice.

The aims of this project were to:

- undertake a project designed to support rural nurses and carers of aged care residents
- develop education and other strategies to build the capacity of these health care workers to understand and use evidence in their daily practice
- identify where carers and nurses source their information when faced with 4 common clinical issues
- develop an education, training and support plan for staff of the aged care nursing homes that encourages continued use of evidence to guide practice
- evaluate the effectiveness of the education training and support plan for staff.

METHOD

The project was separated into two phases. Phase one involved the collection of data from registered nurses and carers in the two aged care organisations via a questionnaire. The main areas of this instrument included profile information (occupation title, employment status, age and education qualifications) and questions about EBP. The latter included understanding of EBP, what sources of information about aged care practice were used, the relevance of EBP in aged care nursing, barriers to using EBP and finally what would encourage use of EBP. Four common clinical scenarios were presented to respondents and they were asked to identify which sources of information or evidence they would use for each. These are represented in Table 1.

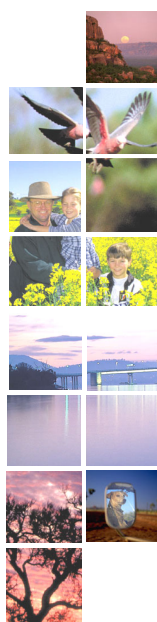


Table 1 Clinical scenarios in aged care practice—identification of information sources

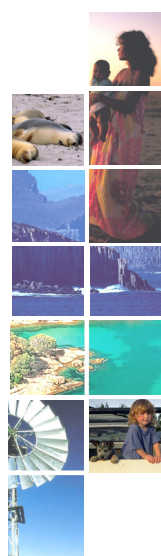
Scenario	Identification of information source
1. A frail malnourished resident is admitted to your home. On assessment the resident has reduced mobility, a slightly reddened area on the right hip and a small ulcer on the right ankle.	What information or resources would you use to treat the ulcer and prevent further skin breakdown?
2. A long term resident is constipated and has a urinary tract infection and is reluctant to eat and drink.	What information or resources would you use to provide appropriate care to the resident regarding nutritional status?
3. A recently admitted resident has a history of frequent falls around their own home	What information or resources would you use to minimise the risk of injury to the resident through falling within the Aged Care facility?
4. A resident who has shown passive behaviour in the past, suddenly attacks another resident with a fork.	What information or resources would you use to understand this behaviour?

The four scenarios were deliberately chosen because they all had systematic reviews completed by the Joanna Briggs Institute for Evidence Based Nursing.

The administration of the short questionnaire and scenario response was completed during a half-day workshop followed by an introductory education session about EBP. Nurses and carers not able to attend the workshops were invited to complete the questionnaire and return it. Data from the questionnaires was analysed by hand due to the small sample size (<40) and a statistician interpreted the results. Phase two of the project was conducted several months later with the same two aged care organisations. In a repeat half-day workshop the results of the questionnaires completed by nurses and carers from both organisations was presented and discussed with participants. Synopses of the four clinical scenarios were presented and participants discussed in groups how they would implement a care plan around each one in their aged care facility. This was designed to allow nurses and carers to decide which strategies would be effective and readily adopted in their organisation, taking account of any implementation barriers. Strategies to increase the use of EBP were introduced in this second workshop. A follow up survey on all participants from Phase 1 and 2 to determine the degree of adoption of EBP, familiarity with accessing sources of information and change in attitude to use is planned within 6 months of the first two phases.

RESULTS

A total of 32 completed questionnaires were received from the two rural nursing home sites. Of these 37% were registered nurses (RNs), 37% carers, 21% enrolled nurses (EN) and 5% care managers (RNs). The majority were older nurses in the 41-45 year age group with a large concentration in the 45-60 year range. Almost all respondents were employed either part-time (>70%) or casual (28%). The only full time employed staff were 2 care managers. The most common education qualification among the nurse respondents was hospital certificated RN or EN with the next highest qualification for carers being a TAFE Certificate in aged or community care. Less than 9% of respondents held postgraduate qualifications.



UNDERSTANDING AND USE OF EVIDENCE-BASED PRACTICE

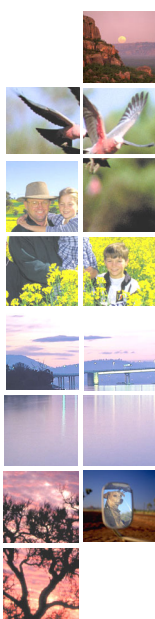
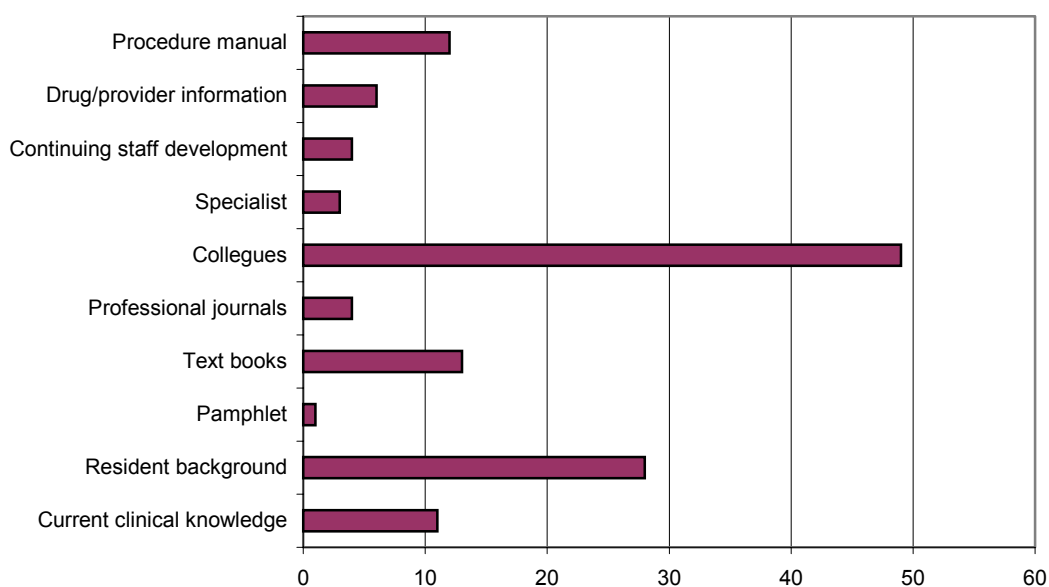
When asked how much understanding they had about EBP the majority (>75%) of respondents were in the midline of a 5-point scale that suggests an unconvincing attitude to EBP. In response to the question did they know where to find up to date information about aged care practice there was a more convincing result with over 70% demonstrating they knew where to find relevant information. The question – how relevant is EBP in aged care nursing showed the majority of respondents stating they regarded it as highly relevant. However when asked to what extent they used EBP in daily care of residents 80% indicated that care based on | had a low acceptance and uptake rate in aged care nursing. When asked what would encourage nurses and carers to use evidence in aged care practice, the following results were obtained:

- 70% of respondents indicated education and training in EBP would help
- 85% indicated help in relating evidence to the conditions they see in practice 65% indicated help in finding the evidence would encourage use

Sources of evidence used in scenarios

When responses were analysed for each of the four scenarios outline in Table 1 there was a clear preference by nurses and carers to use other colleagues to gain information about clinical matters. The next most common source of information was the resident's own history. Figure 1 shows these two sources as prominent choices but that a range of other sources are important and include textbooks and procedure manuals together with current clinical knowledge in aged care nursing.

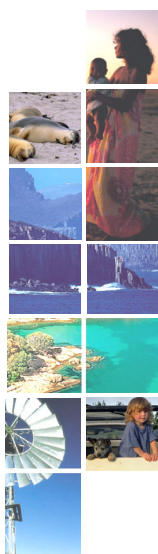
Figure 1 Sources of information deemed importance for four common clinical scenarios



BARRIERS TO USE OF EVIDENCE-BASED PRACTICE

Nurses and carers identified a large number of barriers that prevent or discourage use of EBP in their rural aged care settings. These can be categorised as follows.

- *Concerning evidence-based practice* – don't understand what EBP is, other staff resistant to EBP and to change processes.
- *Information access* – no IT access, basic computer skills lacking, no up to date texts available, no or insufficient time allowed in work to undertake Internet searches.
- *Organisational resistance* – don't like change, too hard, not knowing where to start, too many changes already in aged care, best evidence care may cost more, care standards are set by Commonwealth not by aged care institution.
- *Clinical* – difficulty in finding and matching evidence to practice situation, reluctance to change accepted clinical practices, having information ready when clinical need arises, insufficient time to plan effective care.



CONCLUSIONS

Rural nurses and carers in the two aged care setting where the project was undertaken expressed interest in EBP and could see the relevance to its use in the delivery of daily care. In relation to four given common aged care scenarios they identified other colleagues and the detailed knowledge they have of residents as primary sources of information on which to base decisions about the best care. Other sources of information likely to yield high quality evidence on clinical problems the nurses or carers were managing were also identified. Nurses and carers acknowledged that while they had some basic understanding of EBP and its effectiveness to improve clinical outcomes, they did not believe the environment in which they worked encouraged its use. Four major categories of barrier to use of EBP were identified. These largely related to professional and organisational aspects. In Phase 2 of the project these factors were used in group discussions to demonstrate they could be overcome by using EBP synopsis summaries prepared from systematic reviews of evidence by the Joanna Briggs Institute of Evidence Based Nursing.

In summary knowledge and awareness levels about evidence-based practice have increased in the staff of the two rural aged care facilities. Nurses and carers understood the relevance of using evidence, can interpret the findings of evidence and translate this to practice. They were willing to undertake an ongoing education and follow up program to further their knowledge and skills and completed implementation care plans for each of the four chosen clinical scenarios.



REFERENCES

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PRESENTERS

Ian Blue is currently Director of Education and Training at the Spencer Gulf Rural Health School – a combined university department of rural health and medical clinical school in Whyalla. He has a long career as a registered nurse and midwife and clinical educator in Adelaide before starting a rural academic career in 1989 at Whyalla as the foundation head of the school of nursing.

Ian has an extensive track record in rural and remote nursing and health care practice and has made significant national contributions in this area, including as National President of the Association for Australian Rural Nurses. In 1997 he initiated the South Australian Centre for Rural and Remote Health (SACRRH) at Whyalla, which is now a multi-disciplinary rural health school in the University of Adelaide and University of South Australia.

In 2002 Ian co-edited Australia's first rural health text – *The New Rural Health* and he is active in educational and professional research. His PhD thesis examined the professional working relationship between rural nurses and doctors. His interests lie in multi-disciplinary student clinical experience, the use of evidence in practice, rural student clinical placement support and health education program evaluation.

Judy Taylor is currently a Lecturer in the Spencer Gulf Rural Health School in the Public Health Directorate. She is the co-ordinator of the Primary Health Care – Research Evaluation and Development (PHC-RED) program that is designed to encourage the use of primary health care practice by health professionals through research and application of knowledge. Judy has a long career as a manager in service development and planning in North Queensland. She is enrolled in a PhD with the University of South Australia and her thesis examines community participation in rural general practice.

