Owning Our Practice: Bringing Research Out of the Closet

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"Learn from yesterday, live for today, hope for tomorrow"

22nd PANDDA Conference
Sebel Parramatta, 3-4 November 2011
Research Talk
Research Talk

Double-blind randomised controlled trial

Research proposal

Heidegger

Funding bodies

Human Research Ethics Committee

Phenomenology

Hermeneutic

NEAF Application
Nursing and Research

There's a real blockage, isn't there?

(Anthony Pritchard, 2011)
Late starter! Graduated Nepean CAE with first cohort of tertiary educated nurses in 1987.


- Royal Rehab – Rehabilitation Nursing Research & Development Unit (2009-2011)


Master of Nursing (Honours) – *Between joy and sorrow: being the parent of a child with developmental disability.* (1991-1996)


Future Care Planning
Some Stories:
Community CNC Spinal Injuries
Some Stories:
Home Based Rehab Nurse
Some Stories:
Home Based Rehab Nurse

*But*.......
Some Stories: Acute Care Nurse

Practice development project at St. Vincent’s Private Hospital Sydney:
‘Enhancing bowel management in an acute care hospital’

because

“Constipation is typically overlooked until it becomes a problem. It is in the nursing domain, but nurses typically have poor knowledge.”

(Thompson, 2010)
Some Stories: Acute Care Nurse

Eton Scale Risk Assessment utilised.
Now part of regular pre-admission and admission.
Bowels now explicitly on obs charts

↓

Constipation in hospital now more effectively PREVENTED
[High fibre menu options, prune juice, information sheets, nurse-initiated macrogol]

(Thompson, 2010)
Some Stories:
General Rehab Nurses

We're very good at bowel management...
Constipation: It’s a Problem


Why?

Constipation is a major and complex problem with far-reaching consequences.

“The nursing literature continues to refer to the management of constipation rather than its prevention...”

(Kyle, 2008b, p.36)
Constipation: Contributing Factors

Consensus in the available literature re

RISK FACTORS FOR DEVELOPING CONSTIPATION

1. Inadequate fluid intake
2. Lack of exercise/immobility
3. Insufficient dietary fibre
4. Toileting facilities – poor privacy, bedpans, etc.
5. Polypharmacy (>5 meds) & opioids
6. Some medical conditions – endocrine, metabolic, neurological, neuromuscular, physiological [colonic, pelvic floor], psychiatric. (Kyle, 2008a, 2008b)

However.....
Unblocking Constipation:  
Examining the Evidence

1. Increased fluids – **NO evidence** of successful treatment of constipation (unless dehydrated).
2. Exercise – **SOME evidence**.
3. ↑ Dietary fibre – **UNSUPPORTED** by research.
4. Private toilet facilities reduce constipation. Bedpans and poor position on commodes promote constipation. **Evidence**.
5. Polypharmacy – **GOOD evidence** for review and rationalisation of meds.
6. Central neurological diseases. Cochrane review found **very little research**. Unable to make clear recommendations for bowel care.

(Annells & Koch, 2003; Coggrave et al, 2006; Kyle, 2008b; Muller-Lissner et al, 2005)
Unblocking Constipation: More Examination

Pharmacological management – oral laxatives and rectal preparations:

• No reliable evidence that laxatives prevent constipation.

• Nurses’ knowledge limited (particularly re mode of action) (Goodman & Wilkinson, 2005)

• Many risks and problems

Non-pharmacological management - bowel irrigation; rectal stimulation & manual removal; biofeedback; massage, etc.

• More research needed
Unblocking Constipation

There is minimal evidence to support much current practice for the treatment of constipation,

whereas evidence exists to support the risk factors for developing constipation.
Constipation: Prevention or Management?

Nurses spend a lot of time managing constipation, BUT we’ve seen that evidence for treatment is poor.

Why don’t we do more about preventing it? Because people are often constipated by the time they get to us!

Depends on practice context.
Bowel Management Contexts

- Spinal nurses – practise in a context of daily bowel management and pt. teaching.
- Home-based rehab – overlooked. Patients post-discharge from hospital. Constipation should have been effectively managed and then prevented (pt. teaching, etc). Nurse will address!
- Acute care – can usually be prevented.
- General rehab – patients coming from acute care already constipated. However, nurses are treating but not addressing prevention. ???why.
Leaving bowels for a bit....
Intellectual Disability Nursing - Clinical Skills Used

- **More than once a day** – reflect high level of essential nursing care required by people with ID.

  [Bowel care 19%]

- **Daily** – underline extensive range of skills used in ID nursing.

  [Bowel care 46%]
Intellectual Disability Nursing - Clinical Skills Used

• **Weekly** – indicate significant % of people with ID with chronic health needs requiring complex medical nursing skills. Skills commonly found in acute settings.

• **Monthly** – health surveillance skills indicating role of health monitoring in ID nursing.
Intellectual Disability Nursing -
Clinical Skills Used

• **Rarely or never** – skills generally outside ID nursing field.

• **Skills** not included on questionnaire, but **added** by respondents – indicate breadth of practice. Also might highlight important areas for ID nurses (challenging behaviour, IM & depot injection, O2 therapy, PAC, PEG & feeding techniques, epilepsy, physiotherapy, mental health issues, palliative care, care of the elderly).

(McKeon, 2007)
What does all that tell us?

• Essential, core nursing skills underpin the daily care of people with intellectual disabilities.

• Wide range of skills required for comprehensive care.

• Complex and specialised skills (commonly found in acute settings) applied to meet the needs of people with ID living in their own environments.
Intellectual Disability Nursing: Sources of Practice Knowledge

- Education – original quals + ongoing. ‘Lifelong learning’, CPD, etc.
- Learning from others
- Empirical – practice experience, observation, experimentation [e.g. working things out]
- Hit and miss
- Individual research – textbooks, journals, professional bodies, Google.
- Research base – practice guidelines, etc.
- How do we assess, interpret, evaluate, translate for practice?
Nursing: Evidence Based Practice

Client Context
Situation, Values...

Best Evidence

Practitioner Context
Clinical Expertise

Where from?
Evidence: Where and how?

**SOURCES**
- Textbooks – often out of date
- Conferences
- Practice reviews, grand rounds, etc.
- Peer-reviewed journals – practice reports, research, etc.
- Best evidence comes from research [varying levels]

**ACCESS & TRANSLATION**
- Practice guidelines
- Libraries
- Peers and mentors
- E-journals – alerts, etc.
- Reading groups, journal clubs
- CPD

*We’ll look at strategies later*
## Research Utilization

<table>
<thead>
<tr>
<th>MEDICAL &amp; SURGICAL NURSES</th>
<th>LEARNING DISABILITY NURSES</th>
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<tr>
<td>• Reported extent of research utilization – HIGH.</td>
<td>• Generally +ive attitudes, BUT</td>
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<td>• Less than 10% - never/seldom using research</td>
<td>• only 25% report research utilization.</td>
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<td>• 18.3% reported “research not relevant to day to day work in nursing”.</td>
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(Parahoo & McCaughan, 2001)  
(Parahoo, Barr & McCaughan, 2000)
Systematic scoping review of relevant literature 1996-2006 identified three categories of research focus from 180 small-scale studies:

1. People with learning disabilities
2. Carers or family members
3. Nurses.

Few studies evaluated the clinical impact of nursing interventions or the delivery of care by learning disability nurses.

(Griffiths, Bennett & Smith, 2009, p.490)
Disability Nursing Research: Conclusion

“The available evidence, drawn from small-scale evaluations, may provide useful guidance and inspiration for service development but do not, in themselves, constitute a sufficient body of research evidence to support learning disability nursing practice.”

(Griffiths et al, 2008)
Why a Research Base?

“A research base should be of sufficient quality and quantity to inform nursing practice. It must allow nurses to access information about clients’ needs and to identify effective strategies for meeting those needs.”

(Griffiths, Bennett & Smith, 2009, p.490)
“The professional and organisational expectation that all nurses will, in some way, be involved in research is growing and will not go away.”

(Darbyshire, 2008, p.3238)
What does all this tell us?

Difficulties with nursing research are not confined to disability nursing, but we seem to have greater struggles.

Many barriers for all nurses, but ‘unholy trio’: 

*No time*

*No money*

*No clue*

(Darbyshire, 2008)
In the Closet

Like bowels, nursing research remains
in the closet, behind the screens, and
is all blocked up.
Out of the Closet

How do we unblock nursing research and bring it out to where the sun shines?
Changing the Culture

Unhelpful research traditions –
nurses as ‘soldier ants’ of clinical research

+ Traditional linear models of knowledge production

↓ Knowledge producers = ‘The Academy’
Knowledge users = Practitioners
[The Theory-Practice Gap]
Changing the Culture of a Practice Discipline

“Engaged Scholarship”

(McCormack, 2011)

• applies integrated models of knowledge production and use
• integrates research and practice development at all levels
• erodes false boundaries
• knowledge co-constructed through engaged and creative scholarship.

Engaged Practice
Engaged Practice: Stories

Community nursing practice
↓
Societal & professional assumptions of parental crisis
↓
Research

Parental experiences: ‘Between Joy & Sorrow’

Engaged Practice: Stories

Royal Rehabilitation Centre Sydney
‘Coorabel’ – general rehab ward

Systematic Nursing Rounds Project
Involved all staff on unit.
Processes used
[journal clubs, discussions with staff, seeking advice from staff]

↓
Staff involved in research and owning it.
[**committed, enthusiastic managers – NUM and DON**]
Engaged Practice: Stories

Future Care Planning
at Greystanes Disability Services.

Innovative service initiative for families
‘Engaged practice’ culture → adding on a research project
[thanks to ADHC ‘head nurse’!]
Engaged Practice: Stories

Journal club CPD session at Greystanes
Respiratory Management
(Fitzgerald, Follett & Van Asperen, 2009)

↓

Qs re recommended practice for sputum sample and AB prescription

↓

RN requesting GP to order sputum sample for client

↓

Evidence-based practice change
Engaged Practice

Ways of thinking and doing...

A culture of practice development by constantly engaging with knowledge and research as users, instigators and creators.
Engaged Practice

Impact of research and knowledge utilization forms a **continuum**:

- Increased awareness of findings
- Understanding of implications
- Behaviour change

Strategies to enhance research impact can address any point on continuum.
Engaged Practice:
How do we demonstrate?

- Increased access to research.
- Changes in the extent to which research is considered, referred to or read.
- Citation in documents.
- Changes in knowledge and understanding.
- Changes in attitudes and beliefs.
- Changes in behaviour.

(Walter et al, 2003, cited in McCormack, 2011, p.113)
Engaged Practice: Strategies

- Journal clubs, reading and discussion groups.
- Libraries – USE your librarians – work, university, College of Nursing, etc.
- CIAP (if in NSW Health), databases via universities (if at uni), Cochrane Library, Joanna Briggs Institute, ?ADHC
- Policies, procedures, practice guidelines should be grounded in best available evidence.
- Electronic resources – tables of contents alerts (TOCs), e-journals, discussion groups, Google Scholar, etc., etc., etc.
- E-information subscriptions, e.g., Medscape, Medscape Nursing, Medscape CME Review, Medical Observer
Engaged Practice: Strategies

• Conferences – not ONLY disability nursing!
• Colleagues, peers and mentors – remember the multidisciplinary nature of our practice.
• Nag your managers and leaders. Very little can happen without their support. **Leadership is vital.**
• Use requirements for ‘evidence-based practice’ as a big stick to argue for improved access and strategies for translation of research.
• Use continuing professional development (CPD) requirements as a weapon of persuasion.
• Advocate for nursing research and development positions to facilitate all of this.
Engaged Practice:
Think about issues in ID health and do something

- Constipation
- Pain
- GORD
- Dysphagia
- Enteral feeding
- Stoma management
- Health surveillance
- Access to health care
- Obesity
- Optimal nutrition
- Oral care
- Mental health
- Grief and bereavement
- Dementia
- Palliative care
- End-of-life issues

What else?
Engaged Practice

A state of mind
Unblocking....
Constipation and Nursing Research

There's a real blockage, isn't there?

Unblock and bring out of the closet

Owning Our Practice
References


