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RESEARCH UTILIZATION AMONG HEALTH CARE PROFESSIONALS

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ABSTRACT

The Health care Professionals (HCPs) are the healthcare providers and researchers in the health institutions. Investing in HCPs' research potential will benefit society and improve the quality of health. A cross-sectional descriptive study was used with electronic surveys among 100 health care professionals (HCPs) to assess their perception on research utilization using a modified Barriers of Research Utilization (BRU) Scale. The majority of respondents were staff nurses (59%), followed by physiotherapists (22%), pharmacists (10%) and dieticians (9%). The results show that top two barriers were that "I feel I don't have enough authority to change patient care procedures" and that "statistical analyses are not understandable". The respondents indicated that they needed managerial support, time, cooperation and support from colleagues, enthusiastic staff, access to research findings and training/ education as facilitators for research utilization. The present study also concludes that when compared to the other domains, organizational barriers scored the highest (P<0.01) as well as age, employment experience, and place of work were all associated with barriers to research utilization (P<0.05). The study concludes that a comprehensive approach should be developed to boost research utilization among HCPs.

KEYWORDS

Barriers, Facilitators, Clinical settings, Health care professionals, Research and Research utilization.

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INTRODUCTION

Research in health care system is an essential tool for sustainable progress and global improvements in health. Research utilization is the process of synthesizing, disseminating, and using research-based knowledge to create an impact on or transform the existing health care practices. Integration of research findings into clinical practice will improve

the health care quality and patient outcomes. To establish such evidence-based health practice and attain a health care service of high quality, the execution of research results is a matter of great concern for the health care profession (HCP). Many studies have reported that the main barriers towards research utilization are related to the organization. This includes inappropriate support professionals, culture and climate of the work^{1,2}. Other factors include the HCP's characteristics related to poor knowledge and skill, negative attitude, and poor awareness of the importance of evidence-based practices^{1,3}. Identifying such barriers may facilitate decision makers and institutions to encourage more HCPs in the research to augment the visibility of them in developing evidence- based health care. Therefore, the purpose of this study was to assess the HCPs perception on research utilization.

MATERIAL AND METHODS

This was a cross-sectional descriptive study conducted among licensed HCPs working at all three levels of the health care facilities such as primary health care centres, district headquarters hospitals and tertiary care centres. The sample size was calculated for proportions considering a 95% confidence level and 0.05 margin of error. Allowing for a 15% dropout rate, the final sample size was 100. Using electronic surveys by email, and social media groups (WhatsApp) health care professionals (HCPs) perception on research utilization was measured using the modified Funk et al, (1991a)⁴ Barriers of Research Utilization (BRU) Scale. The Barriers Scale has 28 items categorized into four sub-scales as per the characteristics of the adopter of research (self), characteristics of the organization (setting), of the innovation of research (research) and characteristics of the dissemination of research (presentation). Three more questions were added asking respondents to identify "other items" that they believe are barriers to research usage, rate their top three barriers, in an open-ended question. The reliability of the tool was assessed (r= 0.81) and institutional ethical approval as well as written consent from the participants were obtained.

RESULTS AND DISCUSSION

The majority of respondents were staff nurses (59%), followed by physiotherapists (22%), pharmacists (10%) and dieticians (9%) (Table No.1). Respondents were asked to rate each item on the Barriers Scale in terms of how much they were regarded to be a barrier with respect to great extent, moderate extent, small extent, no extent, and no opinion.

Table No.2 shows the ranks given for barriers by various HCPs. The top two barriers were that "I feel I don't have enough authority to change patient care procedures" and that "statistical analyses are not understandable." Seven of the top ten barriers had to do with 'setting of the health care facility,' one with 'self,' and two with 'presentation'.

The respondents indicated that they needed managerial support, time, cooperation and support from colleagues, enthusiastic staff, access to research findings and training/ education as facilitators for research utilization (Table No.3). There were similar findings in few studies which conclude that the barriers identified were "lack of sufficient authority to change patient procedures" and "scarce time on the job to apply new ideas." Increasing administrative support and encouragement, as well as improving research accessibility, were the "facilitators" of research utilization⁴⁻⁶.

The present study also concludes that when compared to other domains, organizational barriers scored the highest (P<0.01) as well as age, employment experience, and place of work were all associated with barriers to research utilization (P<0.05) as per the regression analysis model. There were similar findings from few studies⁷⁻⁹ which also concludes that age, working experience, and nationality were associated with barriers to participate in research.

According to the findings of this study, HCPs of a younger age have more positive attitudes toward research. This could be due to the fact that younger HCPs still have up-to-date knowledge of research methodology, statistics, and evidence-based practice. Establishing research and education units in hospitals could be beneficial in examining research for its clinical application; such research and

education departments could also provide HCPs with advice and assistance with research and statistical methodologies. It is strongly recommended that the managers take a proactive approach to putting research findings into practice.

Table No.1: Distribution of health care professionals

S.No	HCPs	No. of samples	% in response
1	Staff Nurses	59	87.9
2	Physiotherapists	22	94.2
3	Pharmacists	10	81.8
4	Dieticians	9	97.5
5	Total	100	90.35

Table No.2: Percentage of HCPs who perceive each barrier as great or moderate and rank order of barriers

Rank	Type of barrier	•.	Percentage of rating item as a great or moderate barrier			
order		Item	Nurses	Physiothe rapists	Pharmac ists	Dieticians
1	Setting	I feel I don't have enough authority to change patient care procedures	75.4	58.13	56.14	91.7
2	Presentation	Statistical analyses are not understandable	69	64.24	61.3	87.9
3	Setting	There is insufficient time on the job to implement new ideas	67.9	68.2	60.59	86.1
4	Setting	Management will not allow implementation	66.8	63.9	60.13	84.27
5	Setting	I feel results are not generalizable to own setting	65.71	58.72	59.46	82.1
6	Self	I don't feel capable of evaluating the quality of the research	64.35	61.94	58.19	78.61
7	Setting	Doctors will not co-operate with implementation	64.13	60.9	57.8	74.21
8	Setting	The facilities are inadequate for implementation	63.91	59.1	67.9	70.81
9	Setting	Other staff are not supportive of implementation	62.57	62.14	55.57	69.12
10	Presentation	The relevant literature is not compiled in one place	61.35	69.54	52.38	67.13

Table No.3: Importance facilitators listed by HCPs

Rank No	Facilitators	% of responses	
1	Managerial support	14	
2	Time	9.2	
3	Cooperation and support from Colleagues	8.9	
4	Enthusiastic staff	8.2	
5	Access to research findings	6.7	
6	Training/ Education	6.1	
7	Others	46.9	

CONCLUSION

Due to a number of obstacles, there hasn't been a widespread adoption of research utilization among HCPs. The barriers related to the organization had the most impact. Therefore, a comprehensive approach should be developed to boost research utilization among HCPs.

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DECLARATION OF CONFLICTING INTEREST

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

BIBLIOGRAPHY

- 1. Hweidi IM, Tawalbeh LI, Al-hassan M A, Alayadeh R M, Al-Smadi A M. Research use of nurses working in the critical care units: barriers and facilitators, *Dimens Crit Care Nurs*, 36(4), 2017, 226-233.
- 2. Aljezawi M, Alhajjy M H, *et al.* Barriers to integrating research into clinical nursing practice, *J Nur Care Qual*, 34(3), 2019, E7-11.
- 3. Al Khalaileh M, Al Qadire M, Musa A S, Al-Khawaldeh O A, Al Qudah H, Alhabahbeh A. Closing the gap between research evidence and clinical practice: Jordanian nurses' perceived barriers to research utilisation, *J Edu Practice*, 7(8), 2016, 52-57.

- 4. Funk S G, Champagne M T, Wiese R A, Tornquist E M. Barriers: The barriers to research utilization scale, *Applied Nursing Research*, 4(1), 1991, 39-45.
- 5. Heelan-Fancher L, Edmonds J K, Jones E J. Decreasing barriers to research utilization among labor and delivery nurses, *Nurs Res*, 68(6), 2019, E1-7.
- 6. Peachey A A, Baller S, Schubert C. Improvements in research orientation and reductions in barriers to research utilization among undergraduate students in health sciences, *Internet J Allied Health Sciences Practice*, 16(2), 2018, 7.
- 7. Abuhammad S, Alzoubi K, Khabour O, Mukattash T. Jordanian national study of nurses' barriers and predictors for research utilization in clinical settings, *Risk Management and Healthcare Policy*, 13, 2020, 2563-2569.
- 8. Kajermo K N, Nordstrom G, Krusebrant A, Bjorvell H. Perceptions of research utilization: Comparisons between health care professionals, nursing students and a reference group of nurse clinicians, *Journal of Advanced Nursing*, 31(1), 2000, 99-109.
- 9. Stavor D C, Zedreck-Gonzalez J, Hoffmann R L. Improving the use of evidence-based practice and research utilization through the identification of barriers to implementation in a critical access hospital, *J Nurs Adm*, 47(1), 2017, 56-61.

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