A Dissertation submitted by

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Abstract

Numerous researchers have cited a multitude of barriers for the utilisation of research in the nurse clinical context. Common factors have included the ability of nurses to read, interpret and clarify reported research. Due to mainly a knowledge deficit Nurses have been recorded in the literature as devaluing research, particularly its applicability to clinical practice. As well as a lack of knowledge, researchers have documented lack of time, limited authority to implement evidence-based practices, lack of support and an unwillingness to change as significant contributing factors to poor research utilization practices. Nurses have reported access to evidence-based materials as meager, which has been linked to a lack of organizational support and investment in research as core business (NICS, 2005; McCloskey, 2008; Closs & Cheater, 1994; Estabrooks et al. 2003; Funk et al. 1991; Funk, Tornquist & Champagne, 1995).

This research considered the behavioural intention and user acceptance of research evidence for nurses working within the Queensland context. To date, no comparison had been made to determine whether those influential barriers documented by the extant literature would have the same weight within the unique demography of Queensland. The focus of this study was to discover a set of user friendly research utilisation solutions for nurses using determinants generated from the literature, and those already identified in the application of Rogers’s (2003) innovation diffusion theory. This theory proposes five characteristics of an innovation, namely, relative advantage, compatibility, complexity, trialability, and observability.

The intent of this mixed method research design was to gather relevant data to assist confirmation of identified determinants highlighted in the constructed provisional model (figure 1) , and the potential identification of undiscovered influential factors within the target demography of Queensland. In addition, confirmed factors from the literature were used in the generation of a survey for distribution which led to a confirmation of research utilisation for nurses in a larger demographic. The research design encompassed, firstly, a comprehensive exploration of the literature to determine known barriers to research utilisation. Determinants from the literature were used in exploratory semi- structured homogenous focus groups. Focus groups
were chosen as the major method for collecting data in this research study as they were deemed a qualitative research method for eliciting descriptive data from nursing subgroups. Concepts discovered during thematic analysis were then merged with findings from the literature to generate a survey tool. Data analysis included a thematic analysis of transcribed focus group discussions using Leximancer software, and a quantitative analysis of survey data including reliability analysis, descriptive statistics, correlation analysis, and factor analysis using SPSS.

Factors identified in the literature indicated several different contexts as potential barriers to successful utilisation. These include the consumer/patient, the social setting of nursing, the organisational effects, financial barriers, communication breakdown, and the idea or concept itself. Within each context appears several noteworthy factors, mainly knowledge (both nurse and patient), nursing skill, time, access to new evidence, speed of adoption, and evidence-based practice leadership (NICS, 2005; McCloskey, 2008; Baxter & Boblin, 2008; Estabrook, 2003). These findings, which were put forward as propositions in this research, were confirmed through qualitative findings—with the exception of Queensland nurses being laggards when it comes to adopting new evidence. Based on a combination of findings from qualitative data, the literature, and quantitative data it is clear that, in the majority of circumstances, nurses are not laggards when it comes to research utilisation but, rather, there are barriers that can significantly delay attempts to raise standards of practice.

Outside of the complementary findings that this research has offered in supporting known barriers to research utilisation in nursing, this study also highlights two distinct variables that require further consideration in future endeavors to understand research utilisation practices by nurses, namely, family interference of patient care and the cultural/ethnic background of nurses, with a particular emphasis on the impact of overseas trained nurses.

A combination of both qualitative and quantitative findings in this research depicted that as nurses’ trust towards new evidence for skill development increased (particularly when nurses are supported and shown how to succeed with research implementation), the overload of information needed to be controlled so that nurses
could see a project through to fruition. Realistic approaches need to be adopted by nurse leaders and other associates so that nurses can achieve successful and rewarding outcomes based on evidence-based practice change management strategies and, hence, develop increased confidence in themselves as research clinicians. As a major outcome, this research found that controlling the large number of sources dictating what new evidence should be a priority for nurses would enable them to remain focused on common goals and, thus, continue down a path of research. Nurses will only grow in confidence by engaging with research—and then their subsequent success can be shared with others in the profession, thus, promoting a more positive culture towards research utilisation practices.
CERTIFICATION OF DISSERTATION

I certify that the ideas, experimental work, results, analyses, software and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

______________________________  _______________________
Signature of Candidate            Date

ENDORSEMENT

______________________________  _______________________
Signature of Supervisor/s        Date
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My family, especially my wife and children, have endured a husband and father who has been focused on extracurricular activities outside of family commitment and responsibility and, in doing so, I may have at times not prioritised them with equal importance. Much of our family time has been sacrificed in order to achieve this outcome and I do intend to make up for lost family time.
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