INTRODUCTION

The aims of nursing research are to improve the quality of patient care and to generate the evidence to support practice. However, the “great potential of nurses and midwives as producers of research is not being fully realised” (Scottish Executive Health Department in Roxburgh, 2006, p. 536). The role of clinical research is unquestionable. We must ask however, what is needed to address the challenges and constraints of doing clinical research?

The research literature notes lack of:
- time and resources;
- organisational and research support;
- knowledge and skills;
- adequate funding;
- interest in research;
- and rewards;
to name a few (Darbyshire, 2008; Hancock, Chenoweth & Chang, 2003; Roxburgh, 2006; Tsai, 2000). There is also a range of methodological challenges doing research with older people in the acute care setting (Hancock, Chenoweth & Chang, 2003).

AIM

The aim of this paper is to describe the challenges associated with conducting a pilot study designed to evaluate the effectiveness of targeting pain in older people.

BACKGROUND AND SETTING

The setting for the study was a medical/surgical ward in a large tertiary referral hospital. The project was funded by the Nursing and Midwifery Office of New South Wales Health. The funding of the project was designed to increase the capacity for research and practice development. The project team comprised clinical nursing staff and research academics engaged in a partnership program between the Hunter New England Area Health Service and The University of Newcastle, Australia.

METHODOLOGY

The pilot study involved evaluation of a multidisciplinary education program for medical, nursing, and allied health staff on the ward.

The education program content included pain management and assessment in the older person prior to implementation of resources. A pain algorithm and selected pain assessment tools were provided for staff to use.

The education program was supported by promotional visual media – ward posters and badges to be worn by nursing staff. A chart audit of patient notes, including diagnosis, pain assessment and management was conducted before and after the education program. Patient interviews and pain satisfaction questionnaires were conducted after education sessions.

Staff focus groups were conducted 12 weeks after the education sessions, and were designed to gauge the effectiveness of the targeting pain program.

The Challenges

Organisational/project priorities

The project budget allowed for staff release for a project leader, data collection, and analysis and reporting. However, at the time of the study the organisation was experiencing difficulties with recruitment of nurses.

The inability to release staff escalated workloads and delayed project timelines. Shifting organisational priorities and staffing problems meant that the project lead was shared. Shared leadership impacted on communication and project timelines. The clinical workloads and priorities of care meant that it was difficult for all of the team to meet regularly.

Email and shared network drives were used to communicate, however not all team members had access rights to these tools.

New occupational health and safety issues limited the planned promotional display.

The introduction of new assessment tools and the algorithm were hindered by the supply of outdated assessment forms.

Recruiting/engaging staff/patients

Only 25% of nursing and allied health staff attended the education program despite extensive promotion.

Recruiting medical staff was problematic. Despite the provision of information about the study many Medical Officers (MOs) were unaware of the project. The part-time status of the health care workforce and turnover of resident MOs impacted communication about the study.

Recruitment of eligible older people to the post evaluation phase delayed progress of the study.

People with cognitive impairment were not included in the study because they couldn’t give informed consent.
DISCUSSION AND CONCLUSION

We agree that the potential for nurses to produce research is not fully realised. Our experience suggests that the current problems recruiting nurses to health care, the considerable demands on nursing roles and the organisational priorities for care and services limit the opportunities for clinical nurses to be active producers of research.

Contemporary health care emphasises the need for a multidisciplinary approach to care and treatment (Peek, Higgins, Milson-Hawke, Harper & McMillan, 2007). Our experience shows there are many challenges associated with engaging the multidisciplinary health care team in a busy medical/surgical ward and so participating in research may not be a priority for clinical staff.

Participating in education about pain management in the older person may not be a priority to a multidisciplinary health team either. The negative attitude of health care staff in relation to pain and older people is well documented (Higgins, Vanderreit, Slater & Peek, 2007).

RECOMMENDATIONS

Clinical nursing research should be conducted as collaborative/partnership endeavours between universities and clinicians. Universities provide greater access to research funding with broad-based research and project management expertise. Nurses identify research problems through their clinical insights and have the expertise needed to do clinically applied research.

Methods of alleviating or minimising the impact of organisational barriers to research should be considered and formulated at the start of any research study.

Whilst this project had the support of key medical staff who provided the education to Medical Officers, multidisciplinary research should involve their active participation in the full research program as this may enhance the engagement of multidisciplinary staff.

At the same time as acknowledging that staff recruitment is an ongoing problem in health today, the provision of increased funding for nursing research will act as a catalyst for improved recruitment of nurses.

Clinical researchers need to be cognisant of the difficulties associated with conducting research with older people in the acute care setting and plan accordingly.

Acknowledgements

This project was supported by a grant from the New South Wales Health Nursing and Midwifery Office. This project would not have been possible without the support of those who participated.

References


Scottish Executive Health Department in Roxburgh, (2006) p.536