

Health Policy Research Program Summary of Research Results

Title:	Nursing Environments Knowledge to Action
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Summary

Nursing Environments: Knowledge to Action (NEKTA) was a research study that explored the knowledge transfer and utilization of six national policy reports within Atlantic Canada nursing environments. These reports, released in 2001 and 2002, contained approximately 150 recommendations concerning nursing human resource issues and nurses' quality of worklife.

This study focused on five central questions:

- Did anyone receive, read, or know about the reports? (knowledge transfer)
- Were the reports used in any way to make improvements in nurses' quality of worklife? (knowledge utilization)
- What facilitated and inhibited transferring and using of the reports?
- What improvements occurred in the Atlantic region in relation to the recommendations?
- What would overcome the barriers to transferring and using the reports?

The research process included input from 987 people (41 exploratory interviews, 26 focus groups, and 827 surveys participants), information from websites and documents from government, nursing organizations and institutions. Results indicated that knowledge transfer of the report did occur to some extent. Evidence of transfer to governments, associations, unions, and nursing leaders in health care organizations was extensive. Within health care organizations, transfer to multiple levels of the hierarchy was less extensive. In general, the closer participants were to the delivery of care, the less likely they were to have any knowledge of the reports.

Additionally, the success of transfer depended somewhat on the specific reports was being considered; not all received the same consideration. The research confirmed that

the ideas contained in the reports concerning improving the nursing workforce and the quality of nursing work environments were familiar to nearly all those participating in the project. It did not confirm that the reports were the source of nurses' familiarity with that information.

The project identified several barriers to report transfer such as reports being too long, too academic and too numerous. The research highlighted inadequacies in the dissemination processes as a barrier. For example, limited access to technology and filtering by administrators inhibited transfer from administrative levels to point-of-care nurses. As well, a number of job characteristics related to roles, workload and values limited transfer. In contrast, the likelihood of transfer increased with the use of report synopses, diverse transmission processes, broad endorsement of the report within nursing environments, and human and financial resources to aid in transfer. Also, those in designated planning roles and key individuals with power assist transfer, as do opportunities for collaboration and positive knowledge sharing cultures within organizations.

Nursing environments used the reports in three major ways: they *used them directly in workplace planning*, as *general sources of information* about nursing issues and as a *political tool*. As with transfer, there were a number of barriers to using reports. The reports were high level policy reports, with limited capacity to prescribe to the means for implementing their recommendations, to designate accountability, or to establish timelines. Prior to implementation, decision makers and nurses need to translate recommendations to the local context. Without designated funding, recommendation uptake is limited, especially when there are multiple drivers of change and competing agendas in health care. As well, progress on uptake is vulnerable to political cycles and legislative barriers. Alignment with the strategic directions of governments and health care organizations enhances the use of reports. Effective leadership, dedicated funding to implement recommendations, collaboration on actions, changes to collective agreements and grass roots involvement in change all facilitate report recommendations' uptake.

The NEKTA research project identified that positive change in nursing environments did in fact occur. It is clear that momentum is building at this level as governments, schools, and nursing leaders work to address issues related to workforce supply and quality of worklife. The research identified evidence of apparent positive change in the areas of workforce planning, leadership, scope of practice, and information systems. On other issue areas, particularly those about quality of worklife (workload, hours of work, and work and health issues) fewer changes occurred. Participants expressed discouragement about the slowness of change. To a large extent point-of-care nurses are experiencing high levels of job burnout which is associated with negative ratings of change in their work environment.

The NEKTA research project built a new interdisciplinary team of researchers and decision makers concerned with health systems research in Atlantic Canada. This team is

a valuable resource for future collaborative undertakings across the health care systems in the region.

The NEKTA research results led to recommendations for how to overcome the barriers to knowledge transfer and utilization.

- *Recommendations to report generators* centered on improving dissemination processes through the use of multiple versions of report conclusions for different audiences, including practical *how-to* change examples to aid utilization.
- *Recommendations to employers* focused on developing and supporting knowledge transfer infrastructures such as monitoring health policy, dedicating 20% of nurses' time to knowledge transfer activities, investment in technology, and training for nurses, and supporting leadership development and opportunities for collaborative information sharing and planning.
- *Recommendations to government funders of policy research* to include the financial endorsement of report recommendations through targeted funding, supporting projects centered on best practice sharing and provincial/regional collaboration, and developing accountability frameworks for recommendations that ensure follow up with employers on progress compared to federal benchmarks.

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In addition to the above summary, the full report can be accessed in the following ways:

A print version of the full report in the language of submission can be borrowed from the Departmental Library; requests may be sent to HCLibrary_BibliothequeSC@hc-sc.gc.ca.

An electronic version of the full report in the language of submission is available upon request from Health Canada by e-mailing the Research Management and Dissemination Division.

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