Does the workplace influence nurses' use of research?

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Building on the work of Ehrenberg & Estabrooks (2004)[1], we continue the series of articles on knowledge utilization by focusing on the impact of organizational factors and leadership on research use by individual practitioners. Traditionally, the onus to integrate research findings into everyday practice has been placed on the individual practitioner. This tendency to blame the individual practitioner is consistent with the era of personal and professional responsibility. The research-practice gap has been suggested to exist because the knowledge and behaviours of individuals, including research skills and educational preparation, were inadequate. However, a recent systematic review of the research literature[2] examining what determines individual's use of research revealed inconsistent results and found only one consistent individual determinant of research use, that being attitude toward research use. Also, many individual determinants are not easy to change (for instance, age and gender). These results question the validity of conclusions and recommendations of many of the studies in this area of research. Investigators are now beginning to suggest that the organization holds a more significant role in impeding or promoting the move to evidence based practice and that organizational context is a potentially important factor in determining research use [3,4]. However, the *how* and *why* organizational context is important, are questions still unanswered. Consequently there have been calls for further investigation into the role that organizational context plays in research use [5-8].

Organizational context is a broad description of the practice environment, with organizational culture and leadership being two key features. Organizational culture is a socially constructed phenomenon and an important feature of the broader organizational context[9]. It is expressed in terms of accepted patterns of physical, cognitive, affective and social behaviours. Leadership refers to leaders' approaches to managing conflict, relationships, building teams, implementing solutions, and responding to everyday work

situations in order to achieve one or more particular goals. To date, leadership styles (particular behaviours expressed by leaders in certain situations), the context within which leadership is played out, and the political processes which co-occur with leadership phenomena are areas of research that have not been empirically tested. Cummings[10] in her doctoral thesis emphasized that the emotional intelligence of leaders in healthcare organizations affects employees' well-being and patient outcomes. These results cause us to ask then; can leadership affect research use by individual practitioners? Extrapolating Cummings' results, this seems probable and causes us to ponder, whether leadership style is an organizational characteristic or an intervening factor that interacts with organizational context? Does a leader's behaviour or emotional intelligence influence the research use? Certainly, further investigation is needed.

As we have suggested, one of the greatest barriers to using evidence as a basis for clinical decisions is inadequate understanding of the influence of organizational context (e.g., leadership and organizational culture) on research use. It has come to be accepted that the context in which nursing practice occurs affects a broad host of patient and organizational outcomes (e.g., evidence use, nursing retention, sick time, quality of care, etc.). However, little research has been conducted to fully understand these influences, which is remarkable given that the majority of health care professionals work within complex organizational structures. Specifically, the link between organizational culture and the use of research has received minimal investigation, yet the limited evidence suggests that this domain of research is promising and significant [7,11,12].

It must be remembered that the gap between research and its integration into practice exists because of an array of complex influencing forces, including individual, organizational, contextual, and political reasons[13]. However, one of the most

challenging issues in understanding the influence of organizational context in research use is the lack of consistent nomenclature[14]. This body of literature is replete with a host of terms to describe the context of nursing practice, including organizational characteristics, culture, and climate, work setting and workplace context, and the nursing practice environment. The lack of uniform terminology is a complicating factor for both readers and researchers. Unfortunately, because of this, little is known about the relationships among these concepts and which distinctive nuances distinguish them. Given this, the conceptual confusion has resulted in little understanding of the specific influence of organizational context on nursing practice and even less of the impact of context on research use by individual practitioners.

In a recent working paper on the impact of organizational infrastructures on research use, Reay and colleagues[15] argue that enhancing research utilization in everyday nursing practice is like implementing an organizational change initiative. They suggest that the organizational context (e.g., structures, systems, leadership, culture, and politics) is one of the most powerful predictors of success or failure of any change. Furthermore, support from administration, champions, and other leaders determine the outcome of a desired change. Organizational culture, subcultures and politics provide fundamental dynamics that "make or break" a change. Future research needs to be focused on understanding the influence of organizational factors on research use since we now know that what determines an individual's use of research is largely not easy to change.

So, does the workplace matter in the pursuit of evidence-based practice? We think it does, and are convinced that most nurses believe their work setting influences how they are able to conduct their work (e.g., availability of resources) and the decisions they are able to make (e.g., influence of organizational priorities and values).

So here once again we return to leadership and its role in building an organizational context that is conducive to research use. Leaders at all levels of the organization hold these responsibilities when fulfilling their jobs; (i) to allocate sufficient resources to complete the required work, (ii) to ensure that staff are competent and provide them with opportunities to develop their knowledge and skills, (iii) to provide staff with the opportunity to perform meaningful work, and (iv) to show staff how the application of their knowledge and work has meaning and purpose in the context of the organization's overall mission and vision, and do all this in a spirit of fairness and trust.

Research use does not happen in a vacuum, without resources, without being sanctioned within the organizational culture, without being convenient when multiple priorities face the practitioner, and without having some perceived benefit. Research use by individual practitioners within organizations is enhanced when leaders (i) expect it; (ii) provide the resources and access to do it; and (iii) organize the work so staff have the opportunity to invest their time and energy into it. Then practitioners may see that research use not only **will**, but **has** benefit for their patients' health and well-being.

Much responsibility for making evidence-based practice a reality remains at the level of the organization with hospital administration and nursing leadership. Individuals in these positions must accept the important role that they have in making evidence-based practice an actuality. The workplace matters!

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