

When it comes to Nurses' Utilization of Research: Never Underestimate the Power of the Dark Side of Nursing Culture

Connie Bottcher Berthelsen^{1,2*}

¹Postdoctoral fellow, Orthopaedic Department, Regional Hospital of Zealand, Koge, Denmark

²Assistant professor, Section of Nursing, Institute of Public Health, Aarhus University, Denmark

*Corresponding author: Connie Bottcher Berthelsen, Assistant professor, Section of Nursing, Institute of Public Health, Aarhus University, Denmark, Tel: +45 53302308; E-mail: cb@ph.au.dk

Postdoctoral fellow, Orthopaedic Department, Regional Hospital of Zealand, Koge, Denmark, Tel: +45 47324331, E-mail: cobe@regionsjaelland.dk

Received date: Nov 26, 2014; Accepted date: Feb 16, 2015; Published date: Feb 23, 2015

Copyright: ©2015. Connie Bottcher Berthelsen. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Every so often the debate revolves around clinical nurses' lack of utilization of research in nursing practice. It goes without saying that evidence-based knowledge is the way to improve and provide the best care for patients. However, the unresolved question is: Why is it so difficult to get nurses to utilize research in their daily practice and are they actually allowed to claim that they do not have the time and interest to do so? [1,2]. A wealth of studies has investigated nurses' self-perceived barriers against research utilization and the barriers are often described as lack of time and support from management and colleagues, which is certainly the case in many aspect. However, through my own research [3,4] and discussions with peers I found that another barrier, often unmentioned in the barrier literature, looms again and again: the power of the dark side of nursing culture.

In this commentary I argue that one of the nurses' many barriers against the utilization of research in clinical practice is the ominous force of nursing's group mentality, which occasionally plays a suppressing role to the nurses' individual opinions, motivation and goals, and mentally coerce them into adhering to the norm.

When I attended graduate nursing school in Denmark, my student nurse colleagues and I learned about nursing culture, its core elements and the group mentality and behavior that lie within the culture. Nursing culture consists of a strong tradition of normative rules of behavior, opinions and goals, which are dictated by the group. These rules are not talked about, but silently passed on by older generations of nurses [5]. The strongest unmentioned code within nursing culture is: Never stand out in a way that is incongruent with the normative standard of the group. When we stepped forth into clinical practice we experienced this dark force of the culture at first hand. We learned as novice nurses that, even though we were individuals with individual opinions and goals, we were also social individuals belonging to the nursing culture.

Higgins et al. [6] have described how the main challenge of doing clinical research is to work within a culture that prioritizes the doing of nursing, which is congruent with the main goal in nursing culture. It can be quite problematic for nurses who have an interest in conducting and implementing evidence-based knowledge in their clinical nursing practice to get acceptance from their nursing colleagues to spend time on research utilization, if the main goal in nursing practice is compromised. In my study of nurses' evaluation of participation in a research educational intervention [4], I found that one of the greatest barriers to participation, which nurses experienced, was the lack of support from their nursing colleagues. This barrier,

entitled 'other staff members are not supportive of the implementation', was described in Funk and colleagues' [7] 35-question "nurses barriers to research utilization scale". Through a short literature review, four studies using Funk's scale were identified, where the barrier 'other staff members are not supportive of the implementation' was a top 3 barrier [8] or a top 10 barrier [9-11]. This could indicate that if the nurses within the nursing culture are basically uninterested in the utilization of research, then the nurse motivated to utilize research is breaking the code of never standing out of the normative standard of the group. In her qualitative and exploratory study of factors that constrain nurses from research participation, Roxburgh [12] found that the nurses needed support from their peers to be research active. Parahoo and Mc Caughan [13] also found that resentment and negative attitudes of senior colleagues obstructed the junior staff in their utilization of research.

The moral of this commentary is: If the aim is for nurses to utilize research in their clinical practice, we must begin by motivating the nurses within the dark side of nursing culture. I am fully aware of the other barriers that lie in front of the nurses such as lack of skills to read and evaluate research papers and heavy daily workloads [14] as well as the hospital and nursing managers' key role in facilitating time and resources [1]. However, it is important that we make nurses' utilization of research socially acceptable within the nursing group and to help them understand and embrace the relevant use of research if we want to succeed or our efforts will end in the beam of the death star. Future research in this area should therefore focus on breaking down the nurses' barriers against utilization of research one by one and on changing nursing culture through successful educational and culture-changing interventions. This is by no means an easy task but a necessity if we want to make research utilization a pivot part of the clinical nurses' daily practice. May the force be with us.

References

1. Berthelsen CB (2014) Surgical nurses' Neglect of Research Utilization and Implementation of Evidence-based Knowledge to Improve Patient Care: Euphemism Barriers or lack of Abilities? *Int J Surg Res Prac* 1: 1:003e.
2. Adamsen L, Larsen K, Bjerregaard L, Madsen JK (2003) Danish research-active clinical nurses overcome barriers in research utilization. *Scand J Caring Sci* 17: 57-65.
3. Berthelsen CB, Hølge-Hazelton B (2014) Orthopaedic nurses' attitudes towards clinical nursing research-A cross-sectional survey. *Int J Orth Traum Nurs.* (accepted).

4. Berthelsen CB, Hølge-Hazelton B (2014) Evaluation of orthopedic nurses' participation in an educational intervention-A triangulation convergence model. *Int J Surg Res Prac.* (Under review).
5. Suominen T, Kovasin M, Ketola O (1997) Nursing culture some viewpoints. *J Adv Nurs* 25: 186-190.
6. Higgins I, Parker V, Keatinge D, Giles M, Winskill R, et al. (2010) Doing clinical research: the challenges and benefits. *Contemp Nurse* 35: 171-181.
7. Funk SG, Champagne MY, Wiese RA, Tornquist EM (1991) BARRIERS: the barriers to research utilization scale. *Appl Nurs Res.* 4: 39-45.
8. Carlson CL, Plonczynski DJ (2008) Has the BARRIERS Scale changed nursing practice? An integrative review. *J Adv Nurs* 63: 322-333.
9. Chan GK, Barnason S, Dakin CL, Gillespie G, Kamienski MC, et al. (2011) Barriers and perceived needs for understanding and using research among emergency nurses. *J Emerg Nurs* 37: 24-31.
10. Kajermo KN, Boström AM, Thompson DS, Hutchinson AM, Estabrooks CA, et al. (2010) The BARRIERS scale-the barriers to research utilization scale: A systematic review. *Implement Sci* 5: 32.
11. Atkinson M, Turkel M, Cashy J (2008) Overcoming barriers to research in a Magnet community hospital. *J Nurs Care Qual* 23: 362-368.
12. Roxburgh M (2006) An exploration of factors which constrain nurses from research participation. *J Clin Nurs* 15: 535-545.
13. Parahoo K, McCaughan EM (2001) Research utilization among medical and surgical nurses: a comparison of their self reports and perceptions of barriers and facilitators. *J Nurs Manag* 9: 21-30.
14. Fredericks S (2014) Nurses and their Ongoing Engagement in Nursing Research: A Brief Commentary. *J Nurs Care.* 3: 155.