Barriers and facilitators to research use among allied health practitioners

Mary Dunne

National Documentation Centre on Drug Use

Health Research Board

Research use

- *Successful Implementation* is a *function* (*f*) of the type of *Evidence* and qualities of the *Context* and the way the process is *Facilitated, i.e.* SI = *f*(E,C,F) [1]

- As the paradigm of *Information Mastery* states: Usefulness = (relevance x validity)/work (work= time, money and effort obtaining information) [2]

1. Kitson, A.L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K. & Titchen, A. (2008). Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implementation Science*, *3*(1).
2. Boon, M.H. (2005). How well are we doing in supporting evidence-based health care? The 'information mastery' perspective. *Health Information and Libraries Journal*, *22*, 290–293.

Evidence in practice

'A key challenge is to disseminate best practice among service providers to ensure that it is applied.'

Department of Community, Rural and Gaeltacht Affairs, 2009, **National Drugs Strategy (interim) 2009–2016**. p.75.

Today's presentation

- Study methods

- Barriers to research use

- Facilitators to research use
  - Information service facilitators
 - NDC evidence resource

Study

barriers & facilitators to research use
among allied health practitioners
in the alcohol and drugs (AOD) area.

- 3 focus groups
- Survey of 175 counsellors
  - 71 completed surveys

Current research use

Frequency of searching for evidence by survey respondents

Legend:
- I search for evidence during work hours
- I search for evidence during my own (non-work) hours
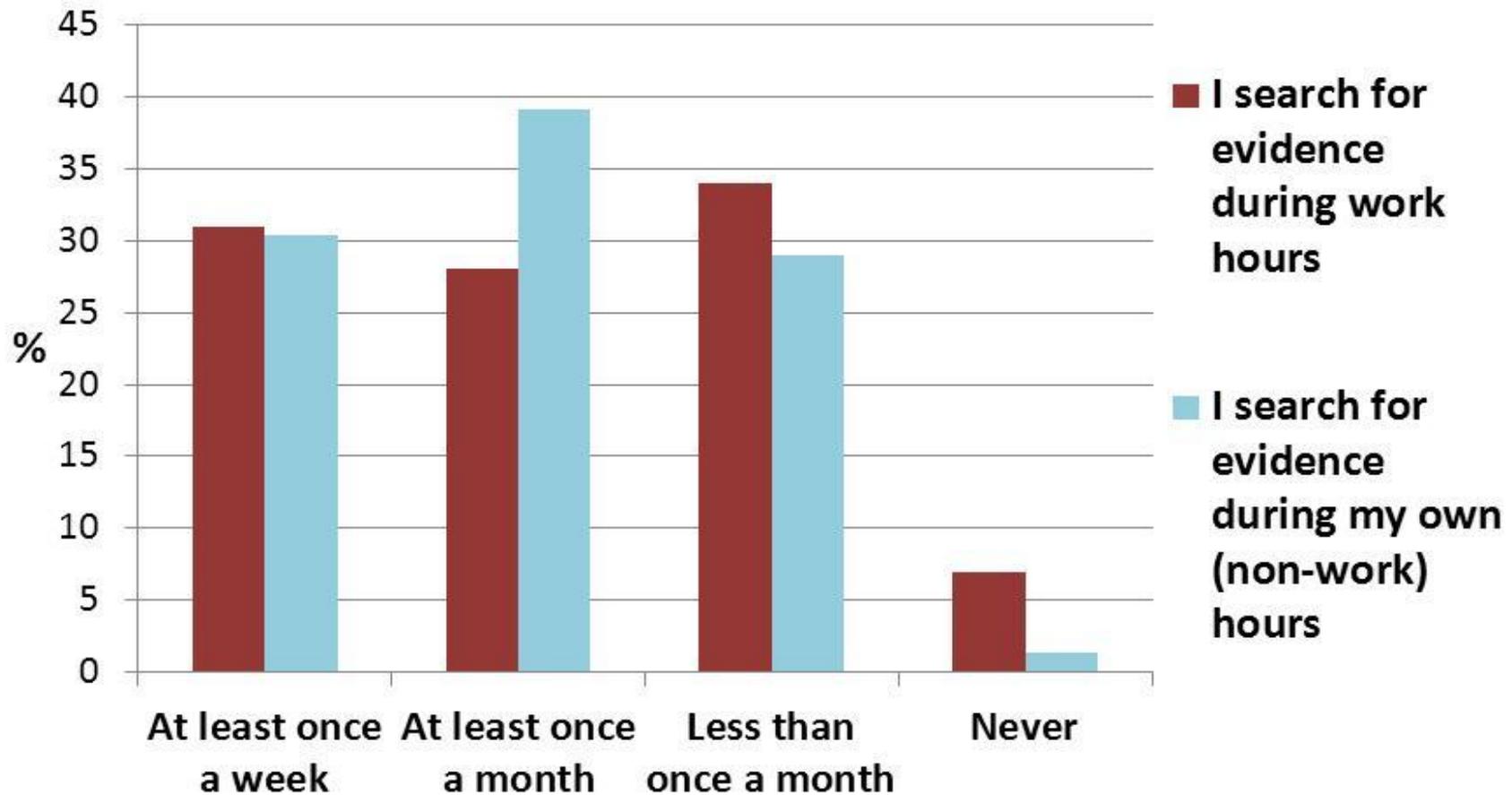
Survey scale

Potential barriers to research use related to **4** factors[1]:

- **practitioner**
- **setting**
- **qualities of the research**
- **communication**

Scores:

1: not a barrier   **2**: a little barrier

3: a moderate barrier   **4**: a great barrier

1. Funk, S. G., Champagne, M.T., Wiese, R.A. & Tornquist, E.M. (1991). BARRIERS: The barriers to research utilization scale. *Applied Nursing Research*, *4*(1), 39–45.

Communication - focus groups

'The language is very important. If the language looks like it's too technical then it's not as useful as if it's easy to understand. It makes a big, big difference I think.'

(pt.2, group 1)

'Why have it done in all this jargon? Why can't it be done in plain English in the first place?'   (pt.4, group 3)

'It's about putting people off reading it.'   (pt.2, group 3)

'You need a glossary to understand terminology.'

(pt.5, group 1)

Communication - survey

Communication barriers	% moderate/ great barrier
Statistical analyses are not understandable	78
Implications for practice are not made clear	71
The amount of research information is overwhelming	66
The relevant literature is not compiled in one place	65
The research is not reported clearly and readably	60
The research is not relevant to my practice	59
Research is not readily available	55

Setting – focus groups

'Time tends to be the big one. We'd be given stuff to read and it's just finding the time. But allocated time is not supported.'

(pt.1, group 1)

'Trying to push for an intervention can go up against the mission or ethos of your company, can be a bit insecure.' (pt.3, group 1)

Setting - survey

Setting barriers	% moderate/ great barrier
Results are not generalisable to my setting	55
I do not have time to read research	54
Facilities are inadequate for implementation	53
Medical staff will not cooperate with implementation	53
There is insufficient time to implement new ideas	43
Managers will not allow implementation	41
Other staff are not supportive	40
I do not have enough authority to change	34

Qualities of the research – focus groups

'It is necessary to change policy but we need research done by grass roots – putting it out there so that people can get it.'   (pt.3, group 3)

'Statistics are so general and each case is so individual. There's that gap. Of course people need to measure progress or whatever. Of course there is a place for statistics. It's just about getting a balance.'

(pt.2, group 2)

Qualities of the research - survey

Research barriers	% moderate/ great barrier
The literature reports conflicting results	42
I am uncertain whether to believe results	42
Research has methodological inadequacies	38
Research is not published fast enough	36
Research has not been replicated	32
Conclusions drawn are not justified	21

Practitioner – focus groups

'It makes people really think, and then they might take a step back, actually look at what they're doing and ask why they are doing something.'

<div align="right">(pt.3, group 2)</div>

'Research is done just to say to the public that they are doing something.'

<div align="right">(pt.2, group 3)</div>

'I wouldn't have a whole lot of faith in research…It's great to have reports, but nothing getting done.'

<div align="right">(pt.2, group 1)</div>

Practitioner - focus groups

'I think that people in the caring business don't have the scientific mind-set and shy away from research. I had to do a bit of research at one point and it completely freaked me out, you know the numbers and the science. I'd much rather do something else.'   (pt.3, group 3)

'We are in the helping profession, but ask us to type in figures about this person or that person, your head gets melted doing it.'   (pt.1, group 3)

Practitioner - survey

Practitioner barriers	% moderate/ great barrier
I do not feel capable of evaluating research quality	62
I am unaware of the research	55
I am isolated from knowledgeable colleagues	41
There is not a documented need to change practice	35
I feel benefits of changing practice will be minimal	33
I see little benefit for myself	23
I do not see the value of research for practice	12
I am unwilling to change/try new ideas	12

Facilitators

I am isolated from knowledgeable colleagues with whom to discuss the research

'I suppose [discussing research] in your team, as long as its evidence. Asking clients what they see as the gaps and then you go back and say this is what we need. Then people in the community feel their needs are being met.'

(Focus group.2, pt.1)

Related facilitators suggested by survey respondents

- Discussion group
- Opportunity to discuss with colleagues
- Exchange of ideas
- Organised meetings with others
- Networking with other organisations
- The ability to share best practice with other users
- Information sharing
- To be able to email an information professional
- Q&A sessions
- Forums for discussion

Information facilitators

	Average
List of evidence-based websites	3.62
Email newsletter of summaries	3.60
Plain English summaries	3.54
Facility to email information professional	3.28
Organised meetings with others	3.14
Current awareness service	3.09
Help with literature searching	3.03
Online discussion forum	2.79

BARRIERS
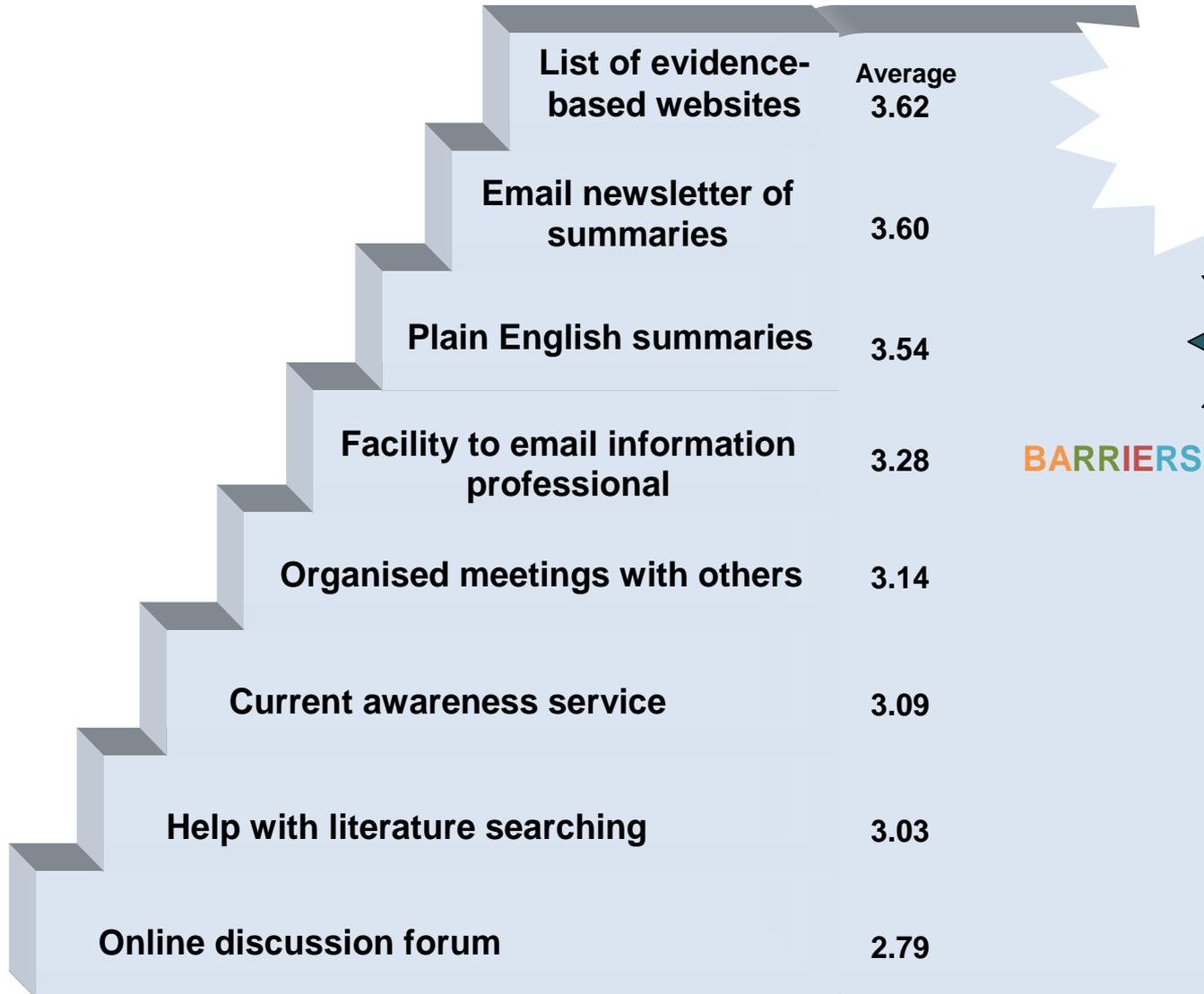
Information literacy training

www.drugsandalcohol.ie

HRB
Health Research Board

Skip to content | Contact | Sitemap | Accessibility

NATIONAL DOCUMENTATION CENTRE ON DRUG USE

HRB

HOME | ABOUT | TREATMENT DATA | COURSE DIRECTORY | BROWSE BY SUBJECT | BROWSE BY AUTHOR | ADVANCED SEARCH

| LOG IN | CREATE ACCOUNT   Find

Home > The National Documentation Centre on Drug Use

The National Documentation Centre on Drug Use is a unique Irish information resource. Search our repository of Irish drug-related research and use a range of other valuable material. Our research library in Knockmaun House holds a special collection of up-to-date literature on drug and alcohol use and addiction. The library is open Tuesday to Friday 9.30 AM to 4.00 PM.

New Acquisitions   More Atom RSS 2.0

- The role of education in developing recovery capital in re..
- Estimating illicit financial flows resulting from drug tra..

News   More Atom RSS 2.0

- Ireland tops EU league for children living with.. (28 Oct)
- Methadone overdose inquest. (27 Oct)

Key resources

- Drugnet Ireland
- NDC newsletter
- Fact sheets on drugs situation in Ireland
- Recent HRB publications on drugs and alcohol
- Annual national reports on drugs situation in Ireland
- External links

Key resources

- Evidence-based resources
- Interim National Drugs Strategy 2009-2016 (pdf)
- Dail Debates (2010-2011) on drug and alcohol topics
- Current research and evaluation
- EMCDDA publications
- National Advisory Committee on Drugs publications

NDC evidence resource

NATIONAL DOCUMENTATION CENTRE ON DRUG USE

Home > Evidence-based resources

In order to facilitate access to evidence-based reviews and guidelines, we provide details of research on a range of interventions in the drugs and alcohol field.

To search these resources please click here

International evidence sources
- Addiction Technology Transfer Center Network (ATTCN)
- Cochrane Library
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- National Centre for Education and Training on Addiction (NCETA)
- National Institute for Health and Clinical Excellence (NICE)
- National Institute on Drug Abuse (NIDA)
- National Registry of Evidence-based Programs and Practices (NREPP), SAMHSA.
- National Treatment Agency for Substance Misuse (NTA UK)
- Royal College of General Practitioners (RCGP)
- Social Care Institute for Excellence (SCIE)
- Specialist Clinical Addiction Network (SCAN)
- Substance Misuse Management in General Practice (SMMGP)

Evidence resource - search

Conclusions

Alcohol and drug practitioners in this study identified barriers to research use related to four interactive factors:

- **communication**
- **setting**
- **research qualities**
- **practitioner**

Don't give up!
There are service supports available.

Research use

- *Successful Implementation* is a *function* (*f*) of the type of *Evidence* and qualities of the *Context* and the way the process is *Facilitated, i.e.* SI = *f*(E,C,F)

Successful implementation of research is dependent on the evidence, context, and the way it is facilitated.

- Usefulness = (relevance x validity/work)
  (work= time, money and effort obtaining information)

The more work it takes to obtain evidence the less useful it is.