PRACTICE-DRIVEN RESEARCH (PDR)*
in aged care nursing

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BACKGROUND AND CONTEXT

Since the mid 1980's the application of 'evidence' to practice drives expectations of relevance, quality and safety. Standard best practice includes demonstrating the evidence base for decisions, procedures, policies and management decisions, and being able to show that the evidence used is both current and relevant... and that the interventions are effective and appropriate.

RESEARCH APPROACH

The approach calls for the sensible use of evidence combined with what we have developed and termed 'practice-driven research' (PDR) ©.

This approach recognises the expertise and experience of practitioners who daily undertake problem-solving and implement innovative approaches with observable results – and ensures the relevance, safety and quality of the findings in practice.

PDR at RSL LifeCare begins with identifying an issue or practice that warrants further exploration leading to change in practise if necessary.

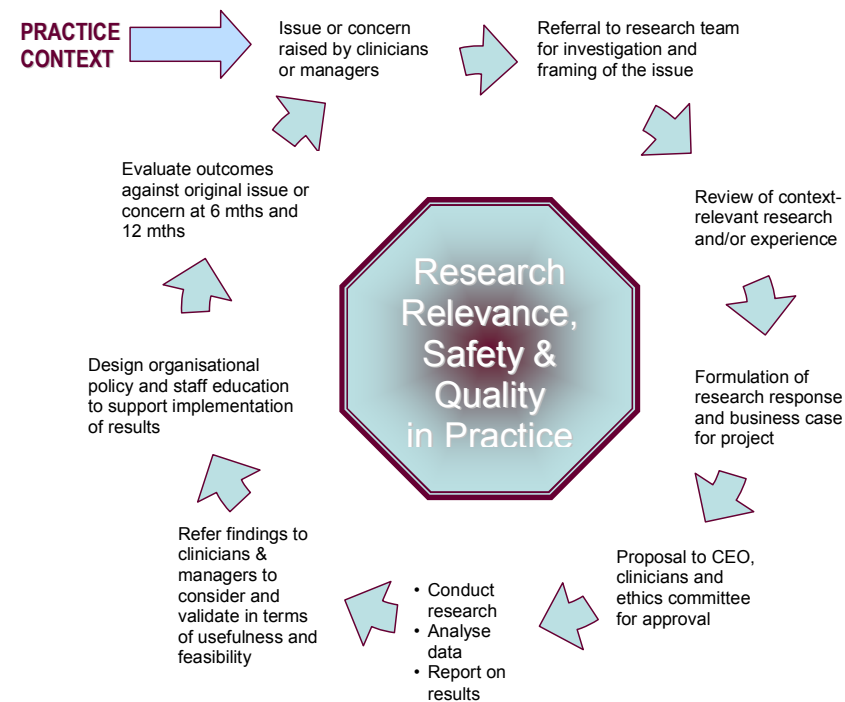## CHOOSING APPROPRIATE METHODOLOGY

Goal: Effectiveness
- Randomised control trials (RCT)
- Observational studies
- Historical or quasi-experimental approaches

Goal: Appropriateness
- Multi or single centre RCT and systematic reviews
- Single site RCT or observational study
- Interpretive study using action research or focus groups
- Descriptive surveys or case studies
- Expert opinion, key informant
- Delphi

Goal: Feasibility
- Multi-centre RCT and systematic reviews
- Single centre RCT re organisation, utilisation and outcomes
- Observational study re implementation, acceptance, benefits, impact on organisational culture
- Action research and focus groups re shaping clinical practice and justifying the support needed

PRACTICE CONTEXT → Issue or concern raised by clinicians or managers → Referral to research team for investigation and framing of the issue → Review of context-relevant research and/or experience → Formulation of research response and business case for project → Proposal to CEO, clinicians and ethics committee for approval → • Conduct research • Analyse data • Report on results → Refer findings to clinicians & managers to consider and validate in terms of usefulness and feasibility → Design organisational policy and staff education to support implementation of results → Evaluate outcomes against original issue or concern at 6 mths and 12 mths

Research Relevance, Safety & Quality in Practice

RSL LIFECARE PDR PROJECTS 2005-2010

These PDR projects were initiated by practising nurses and care staff who maintained close involvement throughout the processes of investigation, analysis, practice development and implementation and outcomes evaluation. Of these, five projects have received national awards as exemplars of best practice in aged care.

o **Quality of life links with changes in physical capacity:**
  - Longitudinal study 2005-2009
  - Data measures gathered concurrently and quarterly on quality of life and four physical capacity measures

o **Ensuring pleasant dining experiences for residents with dementia:**
  - Observational study with dual rater reliability
  - Timed observations of environment, staff behaviours, resident behaviours, meal presentation, feeding and interactions

o **Enabling resident access to mental health care, treatment and support:**
  - Full population screening using four mental health screening tools
  - Follow-up consultation with clinical psychologist for relevant cases
  - Staff training and review of policies and protocols

o **Model of contemporary practise for aged care RNs:**
  - Action research with 12 postgraduate qualified RNs
  - Development of model of practice, implemented and evaluated
  - Translated to human resource management and appraisal

o **Enabling men to live and adjust to the female-dominated aged care context :**
  - Improve hospital documentation systems
  - Establish a hospital contact person

o **Enhancing communication between staff and residents in dementia care units:**
  - Observation study plus staff survey and key informant interviews
  - Testing a system of introduction and familiarisation of staff and the person with dementia, their histories and issues

o **Specialised wound care for healing difficulty cases:**
  - Improve communication between all RNs and GPs
  - Gather data on wound type, treatment and outcome
  - Revise staff training and system of wound care - monitor

o **RN practice development project**
  - Competence testing of all RNS
  - Establish a peer support and review network
  - Monitor clinical outcomes for residents

o **Veteran culture within aged care context:**
  - Focus groups and surveys to identify concerns and issues
  - Review policies, procedures and orientation to veteran needs

o **Palliation and approach to care of older people:**
  - Assessment of training needs of staff in relation to palliation and end-of-life care
  - Provision of information and support resources to families and residents in these situations
  - Set up and monitor support framework for residents, family and staff involved in palliation.

REAL-WORLD CAVEATS ON RESEARCH

Effectiveness
- Does the intervention/program work? How well?
- What are the consequences of doing / not doing the work?
- Who will benefit from the results?

Appropriateness
- What is the experience of the person in relation to the intervention?
- What health issues are important to them / their families?
- Do the person / family think the outcomes are beneficial?

Feasibility
- Are resources available for successful implementation?
- Will staff use the results of the research or intervention?
- How should it be introduced and implemented?
- Economic implications of using this approach or intervention?

These caveats drive uptake and implementation of research findings by clinicians and managers

HURDLES TO PDR

- Historical or traditional approaches to clinical practice
- Reduced ability of nurses to describe the problem or idea in operational terms
- Individual preferences for an approach, a procedure or protocol
- Accessibility of published clinical research eg. language used, complicated formulae, jargon, esoteric journals
- Prevailing disciplinary dogma and resistance to change
- Multi-occupational teams - fragmentation of effort
- Mediocre management commitment to implementing or testing innovations
- Staff turnover or 'churn' requiring ongoing education to preserve the innovations