

Nursing research assignment



? INTRODUCTION Nursing research is a systematic process by which nurses may be used to confirm or refine existing knowledge and to explore new ideas about issues related to nursing practice (Borbasi, Jackson, & Langford, 2008). It falls largely into two areas, namely: Qualitative research and Quantitative research whereby qualitative research is based on the model of phenomenology, grounded theory, and ethnography and examines the experience of those receiving or delivering nursing care.

The research methods most commonly used in qualitative research are interviews, case studies, and ethnography. On the other hand, quantitative research is based in the paradigm of logical positivism and is focused upon outcomes for clients that are measurable, generally using statistics gathered from a survey questionnaire method of research (Parahoo, 1997). The objective of this nursing research assignment is to distinguish the identified three pieces of nursing research with a common issue that is relevant to my current clinical experience.

The five phases of the research process will be outlined and discussed the findings of the researchers by providing examples from each study. For purposes of this assignment, the research topic which I want to examine is poor hygiene and failure to follow infection control practices, contributing to the spread of nosocomial infections especially those caused by antibiotic-resistant strain of bacteria such as methicillin-resistant *Staphylococcus aureus* (MRSA) in a clinical setting.

The said topic was chosen because it has been observed during my clinical experience, that most of the time doctors, nurses, and other health

professionals does not adhere to the implementation of existing guidelines pertinent to infection prevention and control practices maybe due to excessive workload and rapid turnover interval of patients but nonetheless, that is not an excuse. Further, the emergence of antibiotic resistance is primarily due to excessive and often unnecessary use of antibiotics to patients (Gould, 2008).

Risk factor for the spread of resistant bacteria in hospitals can be summarized as over-crowding and lapses in hygiene or poor infection control practices (Gopal Rao, 1998). The three identified nursing research articles relates to my current clinical experience wherein a common problem was determined specifically enumerating the factors for the spread of healthcare-associated infections (HCAIs) such as MRSA and providing some remedies to prevent and control the transmission of such infections.

Problems identified in relation to my clinical experience. Based on previous studies it was ascertained that the mode of transmission of micro -organisms in a healthcare setting include direct and indirect contact, inhalation or droplet, waterborne or body fluid route, foodborne, and sexual activity (Gould, 2008). The problems related to my clinical experience are poor hygiene and non-adherence to infection control guidelines by nursing staff and other health professionals.

Hence, it appears that infection control was not properly managed in a healthcare setting. In my clinical experience it was observed that most of the doctors and nurses do not wear disposable gloves and disposable apron during their visit to different patients especially for those patients who are in

isolation room afflicted with different kinds of disease. This observation can be illustrated when a patient was admitted in the ward and lodged in an isolation room because the patient is MRSA positive.

The doctor enter into the patient's room to do some medical assessment and most of the time doctor tend to forget to wear protective gear before conducted clinical assessments, despite the notice or sign posted in front of the patient's room being an isolated area. Upon conducting the medical assessment on a patient who is MRSA positive, the doctor did not wash his hands instead continued his job by conducting medical check up on the other patients who are not in isolation area. In addition, nurses also tend to forget to follow infection control ractices. They failed to understand the chain of infection control, for example an E. coli, which is considered as an infection agent found in the large intestine of human form the greater part of the normal intestinal flora. Its port of exit is via faeces. The nurse removed the contaminated linen from the bed. The E. coli contaminated the hands of the nurse who then provided care to another patient without hand washing. The second patient has a foley catheter. The nurse manipulated the catheter tubing, the E. oli in the nurse's hands contaminated the catheter tubing and ascending to the patient's urinary tract and then into the bladder. The susceptible host, who is the second patient with the foley catheter is an elderly and had a chronic illness necessitating complete bed rest. The foley catheter contaminated by the E. coli organism provided a direct route into the urinary bladder causing the transmission of the infection from one patient to another. The most common mode of transmission of infection is by direct contact, often on the hands of health workers.

This is the way that most HCAs are spread and explains why hand washing is emphasized as the most important way of breaking the chain of infection (Gould, 2008). Moreover, nurses were observed roaming around in the ward corridor wearing the disposable gloves and disposable gowns after providing nursing care to patients who are in isolation room. These actuations probe that nurses should have continuing education on the implementation of infection control practices to avoid cross-infection and transmission of contagious diseases among patients.

The essence of public health is taking sensible measures to prevent problems in the future. Good infection control in primary care has the potential to prevent grave consequences for patients. Nurses in primary care should play a crucial role in ensuring cleanliness, infection control practices and adhere to guidelines in this important area (Gould, 2008). Five phases of the research process The nursing research process contains an orderly series of phases or steps that outline the key points of research study.

Research article has both qualitative and quantitative research method to develop and answer the issues pertinent to the specific topic (Borbasi, et al. , 2008). The first phase of nursing research is to conceive the study by identifying the issue or problem to be studied relevant to the interest of the researcher that will include the goal of the study, review of literature, development of theoretical framework, and the formulation of research hypothesis (Borbasi, et al. , 2008).

Literature review serves to put the current study into the context of what is already known about the phenomenon (Parahoo, 1997). The three identified

nursing research were conceived due to the following problems: In article one entitled Plastic apron wear during direct patient care, the researchers stated the problem as inconsistent practice in apron use by nurses in healthcare setting (Candlin & Stark, 2005). In this study an expansion of the general themes and concentration of the main report is given and the reader is able to make choice about the relevance of the article for the purpose.

The identified problem in article two entitled controlling the risk of MRSA infection: screening and isolating patients stated that there is a need to minimize the spread of antibiotic resistant infection through screening and isolating patients (Bissett, 2005). For article three, entitled bed occupancy, turnover interval and MRSA rates in Northern Ireland, the researchers identified the problem as the increasing rate of MRSA infection in the healthcare setting. Relative thereto, the aim of the study is to ascertain the relationship between bed percentage occupancy and MRSA patient episode rates (Cunningham, kernohan & Rush, 2006).

In the review of literature, the researchers of the three articles analyses the literatures from different sources such as Cinahl, Medline and Pubmed (Bissett, 2005), to help in the development of theoretical framework to explain or predict study outcomes (Borbasi, et al. , 2008). In article three the researchers develop theoretical framework to explain their findings by using the collected data from different sources. The second phase of nursing research is to design the study whereby the methodology for the conduct of research was identified (Borbasi, et al. , 2008).

It includes the process of data collection, whereby article three is an example of quantitative method of research wherein the researchers gathered the needed data from annual reports and hospital statistics. In article one, the researchers collected the information and data needed in their study from 15 journal articles which are relevant to their topic that contribute to the credibility of the outcome of the study and this is a representation of a qualitative method of research as the researchers analyses previous case studies relevant to their topic (Candlin & Stark, 2005).

Further, article two was identified as a quantitative study and clearly outlined the research question to be answered (Bissett, 2005). The conduct of the study is the third phase of nursing research and ethics is part of phase 3 of the nursing process. It is an important part of nursing research and it is an area in which the health professional is involved daily particularly in providing care to patients. Issues relating to the study, design, recruitment of participants, feedback and data collection methods are subject to scrutiny of a departmental ethics committee and approval should be obtained.

Consent was secured from the target participants by the researchers in support to their study (Borbasi, et al. , 2008). Phase 3 includes the actual data collection pertinent to the study. In article one, the researchers evaluated and analyses the information and data gathered from the documents. They separated the data into three categories in order to accurately determine and interpret their findings (Candlin & Stark, 2005).

Records show that the researchers of the three identified nursing research sought the approval of an institutional ethics committee prior to the conduct

of their respective studies. However, such approval was not acknowledged in the content of their studies. The three nursing research studies encountered some limitations, which affect the validity of the outcome of their studies. For example, in article one and three, the researchers identified their method of data analysis as their limitation in the conduct of their studies.

Candlin & Stark (2005) stressed that the documentary analysis in their study have limited available data, which are incomplete, inaccurate and has inherent biases, while the researcher in article two explained that by using survey questionnaire in the data collection does not guarantee that the target participants will provide honest and accurate answers to the questions (Bissett, 205). The analysis of the study, which includes the interpretation of the gathered data is the fourth phase of the nursing research process.

The findings in article two, reveal that nursing staff doesn't understand the proper implementation of infection control practices and the potential transmission of infections from one patient to another (Candlin & Stark, 2005). The findings in article one and three as presented were brief, concise and accurate which are easy to understand. In article three, the researchers presented the results of the study in tables and graphs, which were used as reference to explain the findings of the study.

The phase five of nursing research is use the study that completes the research process and ensures that results or findings of the study are shared with the target consumers (Borbasi, et al. 2008). This phase includes recommendations whether further study is needed to strengthen the findings of the study and conclusions, which are being used as reference to reinforce

the outcome of the research study. It may include the evaluation of the study and a summary of the findings together with the relevance and importance of the study in nursing practice.

The researchers of the three articles presented their respective conclusions in a brief and concise manner. The researchers in article one outlined their conclusion as brief as possible and stated the implication of the study in relation to nursing practice. Nurses should adhere to the existing policies and guidelines pertinent to infection control practices such as use of disposable apron during direct patient care and nurses should have understanding on the said policies, to promote good practice and reduce risk of cross-infection, an area that cannot be ignored (Candlin & Stark, 2005).

The researcher in article two emphasized that health worker should follow and observe the existing guidelines on infection control and MRSA screening should be done to all patients who are subject for admission to minimize the risk of MRSA infections (Bissett, 2005). Finally, in article three, as part of the findings of the study, the researchers were able to establish the link between high bed occupancy, patient turnovers interval and MRSA rates considering that nurses do not have enough time to implement effective infection control practices (Cunningham, Kernohan & Rush, 2006).

Influence of the research study to the identified issue The study conducted in article one was able to identify the factors that influence the nurses to use plastic apron when providing direct patient care such as nurses' uniforms are not considered as protective clothing. It promotes good practice for health workers as plastic apron protect themselves and other people in a healthcare

setting from contagious diseases and other infections. The use of plastic apron will reduce the risk of cross-contamination and prevent the spread of micro-organisms.

This research study could influence the identified problem by calling the attention of the health service managers to ensure that a policy from apron use is implemented. The management shall make sure that nurses and other health professionals will have adequate access to disposable apron to protect themselves from contamination, and to guarantee the safety of the patients and staff member in a healthcare setting (Candlin & Stark, 2005).

Article two is considered as an educational in nursing practice.

It provides information and data that described nosocomial infections caused by antibiotic-resistant strain of bacteria such as MRSA (Bissett, 2005).

Likewise, the study enumerated some infection control strategy that can be applied in my clinical experience such as surveillance of infection, education and training production, review and dissemination of written policies and guidelines, etc. that will provide a safe environment in the clinical setting by protecting the clients and other staff members.

These infection control strategies will ensure safe and good nursing practice that will lead to proper management of infection control practices. It is interesting to note in this article, the findings of the researchers would serve as reference in combating healthcare-associated infections. It would educate the nursing staff as far as infection control practices that form part as an update of the existing policies and guidelines.

It reminds the nurses and other healthcare workers of the grave consequences for patients if there will be an outbreak of the infection in the clinical setting. Likewise, the author of the article suggested some infection control strategies that will be of help in reducing the risk of cross-contamination and preventing the spread or transmission of infections. Bissett (2005) stressed that isolation of patient who is MRSA positive is the most ideal precautionary measure to prevent the spread of infections coupled with hygiene and cleanliness within the hospital premises.

The data presented in article three are prevalent in my clinical experience and the findings of the study is evident in every healthcare setting that when there is a rapid turnover interval of patients meaning admission of patients is greater than the discharge it will caused high bed occupancy resulting to increase in the MRSA rate due to overcrowding and work overload of nurses and other healthcare workers in a hospital setting.

Such limitations will put the nurses and medical staff working under pressure and may tend to forget to follow hygiene procedures and infection control practices (Wenzel, 1993). This article may influence the identified problem in my clinical experience by introducing equitable distribution of workload among nurses and medical staff that will include the number of patients to be taken care of by each nurse or medical staff.

In this case, nurses could concentrate on the activities and care plan to be introduced to the patient including the promotion of proper hygiene and observance of infection control practices. Conclusion In conclusion, the main recommendations arising from this study suggest that nurses must be

knowledgeable to the current policies and guidelines relative to proper hygiene and infection control practices. This recommendation relates to the competencies of nurses to promote an environment that enables client safety, independence, quality of life, and health.

Likewise, nurses must also be responsible for their own professional development (Weber & Kelly, 2003). All qualified nurses must develop competency critical evaluation of research. According to Borbasi, et. al. (2008), it must be evident that nursing care provided to clients if possible, is based on quality research – based evidence. Assessing critical evaluation skills takes time and practice. Working along with other nurses (senior staff) can make the process more effective.

This will ensure that the highest possible standard for evidence-based practice is provided for patients. Relative to the three pieces of nursing research, it appears that poor hygiene and failure to follow infection control practices by nurses and other healthcare workers are contributory to rapid transmission of nosocomial infections such as MRSA in a clinical setting (Bissett, 2005). To effectively address this issue existing policies and guidelines on infection control and prevention should be updated and strictly implemented in a clinical setting.

An audit tool to monitor compliance of nurses and other health professionals to the said guidelines and policies should be initiated as part of the strategies on how to minimize if cannot eradicate the spread of infections.

This study can be considered as a wake up call for nurses, doctors, and other healthcare workers for them to religiously observe proper hygiene within the

hospital setting and strictly follow the standards provided by the government to stop the spread of infections in a clinical setting as well as in community setting through effective information, and education campaign.

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