WHY NURSES DO NOT DISSEMINATE ACADEMIC COURSEWORK

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This study looked at the reasons that nurses do not disseminate coursework among their colleagues. Reasons included lack of confidence, lack of time, lack of motivation and lack of awareness of where and how to disseminate.

Support from colleagues and managers, and a desire to change practice were found to encourage dissemination. This is the second article of a two-part series. This is a summary: the full paper and reference list can be accessed at nursingtimes.net.

The first part of this study published last week (NT Clinical, 13 March, p31) found that the majority of nurses do not disseminate their work. The second part examines nurses’ attitudes towards their academic coursework and identifies reasons why work is not disseminated. This descriptive and retrospective study used a postal questionnaire. The study population approached was 378 community nurses across three PCTs. The final number of responses amounted to 214 (62%).

RESULTS

Why coursework is not disseminated

The questionnaire asked the nurses to reply to statements with five optional responses – from ‘strongly agree’ to ‘strongly disagree’. The statements offered reasons why coursework may not be disseminated.

The responses were in two sections. The first was related to reasons why academic coursework may not be disseminated. The results showed that the statements that the nurses most strongly agreed with were: lack of time, lack of confidence, lack of awareness of outlets and lack of motivation.

An open question asked those respondents who had not disseminated coursework to give reasons in their own words, if different to those already stated on the questionnaire. The reasons for non-dissemination are shown in Table 1.

The responses highlighted the perceived lack of forums for dissemination, as well as a lack of interest from their fellow professionals. Other common responses were that 23% felt their work was not good enough and 23% stated that their coursework was for their own benefit.

The second open question asked those respondents who had disseminated coursework to give reasons on why they had done so. There were 33 responses to this question. The most common reason was support from colleagues or a manager (45%). The second most common reason was to encourage changes in practice (33%). Some 18% had received a request to disseminate, 15% felt it necessary to do so and 15% felt an obligation to their employer.

Attitudes towards coursework

The second part of the questionnaire related to the attitudes of respondents towards academic coursework. The results showed that the statements the nurses most strongly agreed with were: training on presentation is needed; too many produce good work which is then forgotten; and that their work could help improve nursing practice.

DISCUSSION

Response rate

Community nurses’ attitudes towards academic coursework were largely positive. Those with more positive attitudes were more likely to disseminate coursework than those who were less positive.

When the answers to the open questions are taken into consideration, some nurses did feel that their work was not good enough to be disseminated.

As suggested by this study, respondents who felt that the coursework had influenced their practice were more likely to disseminate than those who did not. This would make sense as nurses are likely to want to improve practice.

Reasons for not disseminating work

Despite the majority having positive attitudes towards academic coursework, there are still large numbers of nurses who do not disseminate their coursework. Most disagreed with statements that coursework was not part of the job or was unlikely to influence practice. But there was more likely to be agreement with other statements, such as nurses not having enough time or lacking confidence to disseminate.

If this sample were taken as representative of community nursing, it would reiterate that nurses’ reasons for non-dissemination have less to do with negative attitudes and more

<table>
<thead>
<tr>
<th>TABLE 1. REASONS FOR NON-DISSEMINATION</th>
<th>%</th>
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<tbody>
<tr>
<td>Lack of interest from other professionals</td>
<td>23</td>
</tr>
<tr>
<td>Lack of forums for dissemination</td>
<td>26</td>
</tr>
<tr>
<td>Do not want to disseminate</td>
<td>5</td>
</tr>
<tr>
<td>Lack of support from employers</td>
<td>8</td>
</tr>
<tr>
<td>Did not realise it was important</td>
<td>15</td>
</tr>
<tr>
<td>Course was for individual’s own benefit</td>
<td>23</td>
</tr>
<tr>
<td>Did not think work was good enough</td>
<td>23</td>
</tr>
<tr>
<td>The information is already available in nursing literature</td>
<td>0</td>
</tr>
<tr>
<td>Learning difficulty prevents dissemination</td>
<td>3</td>
</tr>
<tr>
<td>Colleagues may feel threatened</td>
<td>5</td>
</tr>
<tr>
<td>Lack of guidance on how to disseminate</td>
<td>3</td>
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Percentages add up to more than 100% as some nurses gave more than one reason.
to do with perceived barriers in the process as well as a lack of awareness of possible ways to disseminate.

The ‘open’ questions used in this questionnaire were found to complement the closed questions and to reinforce the findings. The respondents who answered the open questions provided some useful additions on what might facilitate dissemination. The majority of those who gave reasons for disseminating coursework related this directly to support from a manager or colleagues. The second most common reason given was a desire to encourage changes in practice.

The most frequent reason given for non-dissemination was a ‘lack of forums’, followed by ‘course taken for own benefit’, ‘did not think the work was good enough’, ‘lack of guidance on how to disseminate’ and ‘lack of interest from other professionals’.

It is difficult to see how lack of time, motivation and confidence can really influence the dissemination of coursework when the findings of this study suggest that 83% of community nurses produce such work, with 42% producing more than five pieces of work in the six years before the study. This would imply that these nurses are finding the time and the motivation to produce high standards of work (74% gained marks above 60%), and yet they feel they lack the time to disseminate. In spite of this, those who produce the most work and those with higher marks are still the most likely to disseminate their work.

Despite the government’s attempts to modernise the NHS, there is a shortage of nurses, with only one in eight nurses in 2002 under the age of 30 compared with one in four in 1992. Age made no significant difference to dissemination activities in this study but if nurse shortages continue to rise, this will impact on every area of practice.

If clinical governance is to work and nurses are ‘key’ to the success of any modernisation in services, then there may need to be more investment in these key services. Strategies across the NHS need to be put in place to help to improve dissemination. Some of these might include specific training in relation to dissemination, highlighted as a need by this study.

Attitudes towards dissemination of coursework
Community nurses’ attitudes towards dissemination were generally positive. Most thought that coursework was relevant and dissemination could improve practice. The respondents in this sample felt that nurses should receive training on how to disseminate their coursework and this reinforces some of the reasons for non-dissemination. For example, lack of awareness of possible means and lack of confidence. These results may add further weight to Kinn and Kenyon’s (2002) study where the introduction of presentation skills workshops improved the likelihood of dissemination.

Although nurses stated they lacked confidence and half said they also lacked the knowledge to disseminate, 89% of respondents denied they were not as academically able as other healthcare professionals. This may indicate that while some views relate to a lack of confidence, the real reasons might be deeper than those shown in this and other studies.

There seem to be some contradictions in all the studies around these perceptions and it might be more about changing a culture or belief rather than simply introducing more training. Woodhull (1997) found that nurses in the US were all but invisible in media coverage of healthcare. This is likely to be as true in the UK, unless nurses begin to embrace dissemination of their knowledge across the board, including their academic coursework findings.

Limitations of the study
The whole population sample improves the ability of the findings to be representative but the response rate and the relatively small sample weakens the case for this.

CONCLUSION
In spite of nurse education being at the highest level it has ever been (Wheeler et al, 2000), nurses still have difficulty sharing what they know. They are still not disseminating information in high numbers and still say that they do not have the time or the capacity to do so. They are, however, generally positive about academic coursework and present some valid reasons for non-dissemination that may warrant further study.

The study highlights the need for nurses to be encouraged to disseminate through a variety of means and to receive training in order to help facilitate this.

REFERENCES
