

Long Term Care RNs Perceived Barriers and Facilitators to Implementing Infection Control Best Practice Guidelines- A Qualitative Study

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Purpose

- To describe long term care registered nurses' perceived barriers and facilitators to implementing infection control best practice guidelines.

Significance and Justification

- The time from evidence generation to implementation into practice can range from 15-20 years
(Balas & Boren, 2000)

Significance and Justification

- Long-term care infection prevention and control resources are extremely limited. This study provided insight into barriers and facilitators in this environment.

(CSICN, 2005; RICH LTC Study, 2007; MOHLTC, in press)

Research Questions

- 1. What do LTC RNs perceive to be barriers to implementing evidence based infection control guidelines
- 2. What do LTC RNs perceive to be facilitators to implementing evidence based infection control guidelines

Setting

- Focus groups conducted in long-term care facilities in southern Ontario

Population

- Long-term care RNs working in southern Ontario with infection control responsibilities
- Worked minimum of 6 months in the role

Sample

- Purposive sample recruited from Central South infection control contact list of 94 long-term care facilities
- Chairs of LTC infection control committees contacted to recommend participants

Data Collection Methods

- Researcher developed focus group questions modeled on Barriers Scale questionnaire (Funk et al., 1989)
- Focus groups were led by a moderator using researcher developed focus group guide (Sharken-Simon, 1999; THCU, 2005)

Data Collection Methods

- Researcher participated in focus groups as observer and scribe (verbal and non-verbal input)
- A pilot focus group held to test questions
- Moderator and researcher debriefing session at end of each focus group

Data Analysis

- Tape-based analysis. Transcripts developed from tapes and compared with field notes.
 - Examination of transcripts for themes
 - Question by question analysis
 - Across question analysis
 - Category analysis
- Crueger, 1994; Sharken-Simon, 1999; THCU, 2005
- Determine barriers & facilitators

Summary

- 11 long term care nurses participated in a series of 3 focus groups
- 9 participated in face-to face focus groups and 2 participated via teleconference

Barriers

- Barriers to best practice adoption
 - Role design
 - Staffing shortages
 - Staff resistance to change
 - Lack of unit manager support
 - Best practice document layout
 - External regulators
 - Long-Term care facility design

Facilitators

- Facilitators to best practice adoption
 - Administrative support
 - Staff empowerment
 - Best practice documents
 - Connection to external networks
 - Access to expert advice and mentoring

Limitations

- One geographic region
- No control for educational preparation of participants
- Challenge- recruitment to focus groups was difficult due to busy schedules of participants and geographic size of the region

Implications for Practice and Education

- Staffing in LTC for Infection Control needs to increase to 1FTE for 150-200 beds
- Increase educational supports when best practice documents are released
- Increased collaboration between external regulators
- Involve Infection Control experts in LTC facility design

Recommendations for Future Research

- Study uptake of best practice documents in Ontario using audit tools in each document
- Study strategies to overcome specific barriers
- Study staff turnover in long-term care

Questions


