

Perceptions of evidence based transfusion practice

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- This study focuses on describing the evidence- base to nurses transfusion practice.

Evidence based practice

- *“The practice of evidence based medicine means integrating individual clinical expertise with the best available external evidence from systematic research”*
- *“the unique preferences, concerns and expectations each patient brings to a clinical encounter, which must be integrated into the clinical decision if they are to serve the patient”*

(Sackett et al, 1996 and 2000)

How nurses know

- Empirical – scientific knowledge
- Aesthetic – knowledge of patient, encompassing psychosocial aspects of care
- Moral – ethical knowledge
- Personal - experiential, interpersonal and intuitive knowledge
- Political - knowledge of patient care in context of wider health care arena i.e. evidence based knowledge

Purpose of research

- The purpose of this study was to describe the knowledge sources underpinning registered nurses' transfusion practice, and their perceptions of barriers to the implementation of evidence based transfusion practice

Data collection tool

- Self-report questionnaire
- Previously validated questionnaire
(UK-Gerrish and Calyton, 2004; Canada- Eastabrooks, 1998)

Data collection tool

- This questionnaire sought information on
 - the sources of knowledge underpinning nurses' transfusion practice
 - the perceived barriers to accessing information
 - the perceived barriers to changing practice
 - a self-appraisal of skills

Research method

- Target population-nurses working where blood transfusion occurs
- Sample –2 sites
- Sample size –436 (95% CI)
- Systematic random sampling methodology
- Response- 179 =40%

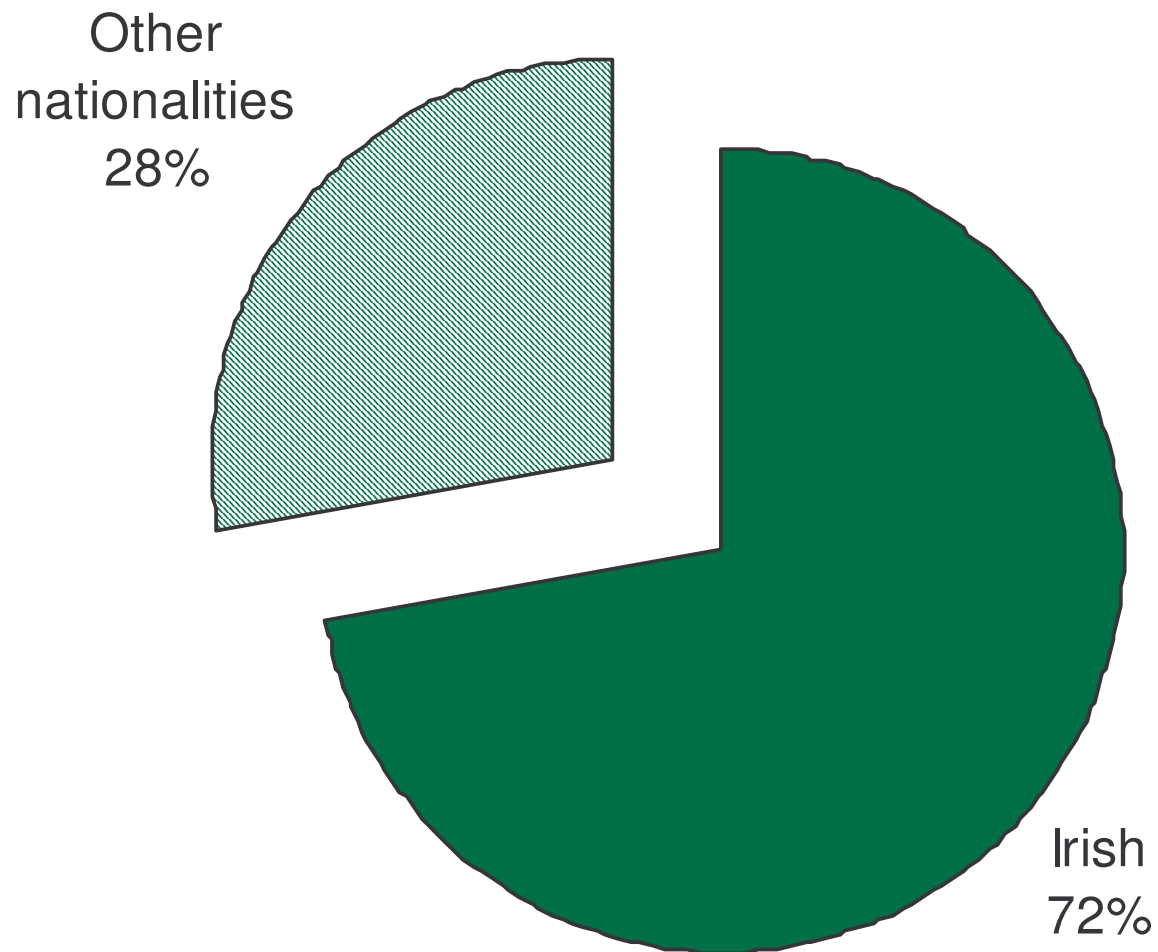
Research questions

- Where do nurses source transfusion knowledge?
- Barriers to assessing information?
- Barriers to changing transfusion practice?
- Skills analysis?
- Role of organisation?

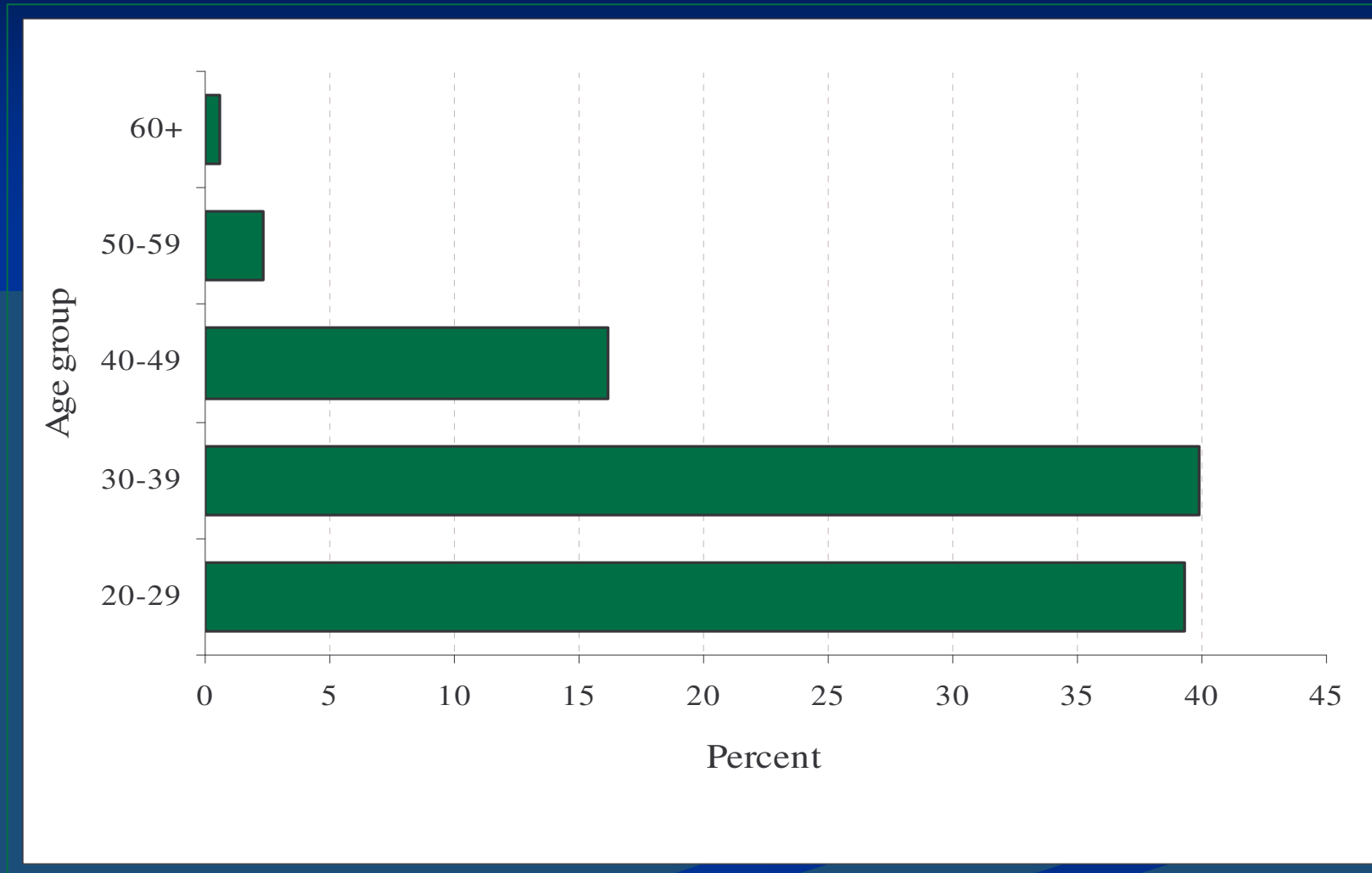
DEMOGRAPHIC ANALYSIS



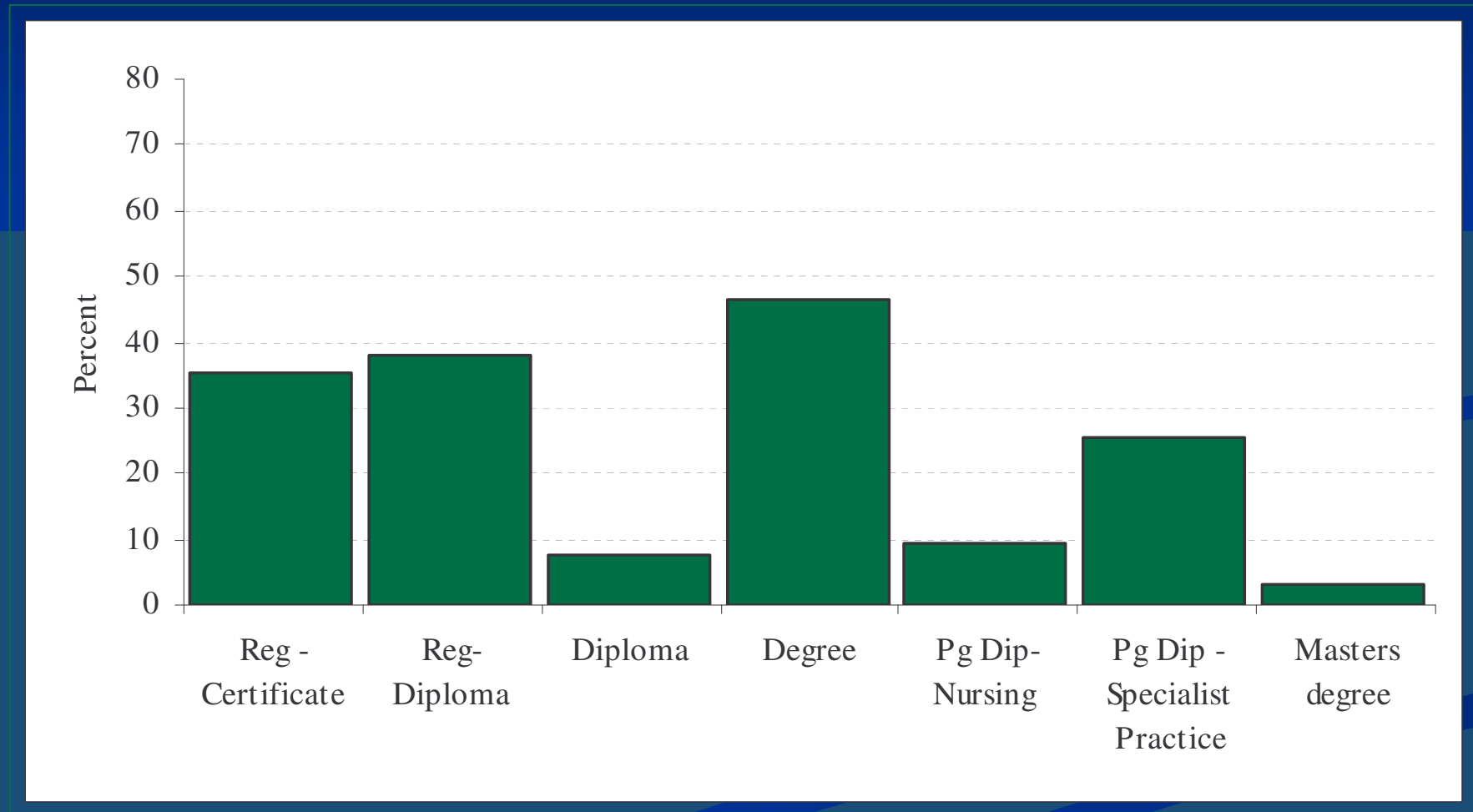
Nationality of respondents, n=173



Age profile of respondents, n=176



Education qualifications of respondents, n=173



- Current role
 - Staff nurse- 82%
 - Clinical Nurse Manager –18%

- Diverse areas of practice-theatre, medicine and surgery, critical care, haematology /oncology.

Findings are set within the context of;

- Young- 80% of respondents within the 20-39 age categories
- Well-educated- large numbers of respondents had achieved both degree and post-graduate qualifications
- Nurses- working diverse areas of clinical practice

DESCRIPTIVE ANALYSIS



- Where nurses source transfusion knowledge?

Sources of knowledge (19 variables)

- Knowledge learned from local policy / procedure manuals
- Knowledge learned from in-service education
- Knowledge learned during training
- Knowledge learned from Haemovigilance Officer (HVO)
- Knowledge of patient

Clinical personnel-sources of transfusion knowledge

- Medical and Nursing colleagues, HVO
- HVO was used *Frequently* and *Always* as source of knowledge for transfusion practice at 77%
- Comparative reports of medical and nursing colleagues accounted to 50% and 45% respectively

Aesthetic and personal sources of knowledge

- Knowledge gained from each individual patient encounter, intuition and experience for caring for patients.
- Previous experience and the current patient encounter were *Frequently* and *Always* used at 63% and 71% respectively.
- Intuition was only reported as *Frequently* and *Always* used at 37%.

Literature –sources of transfusion knowledge

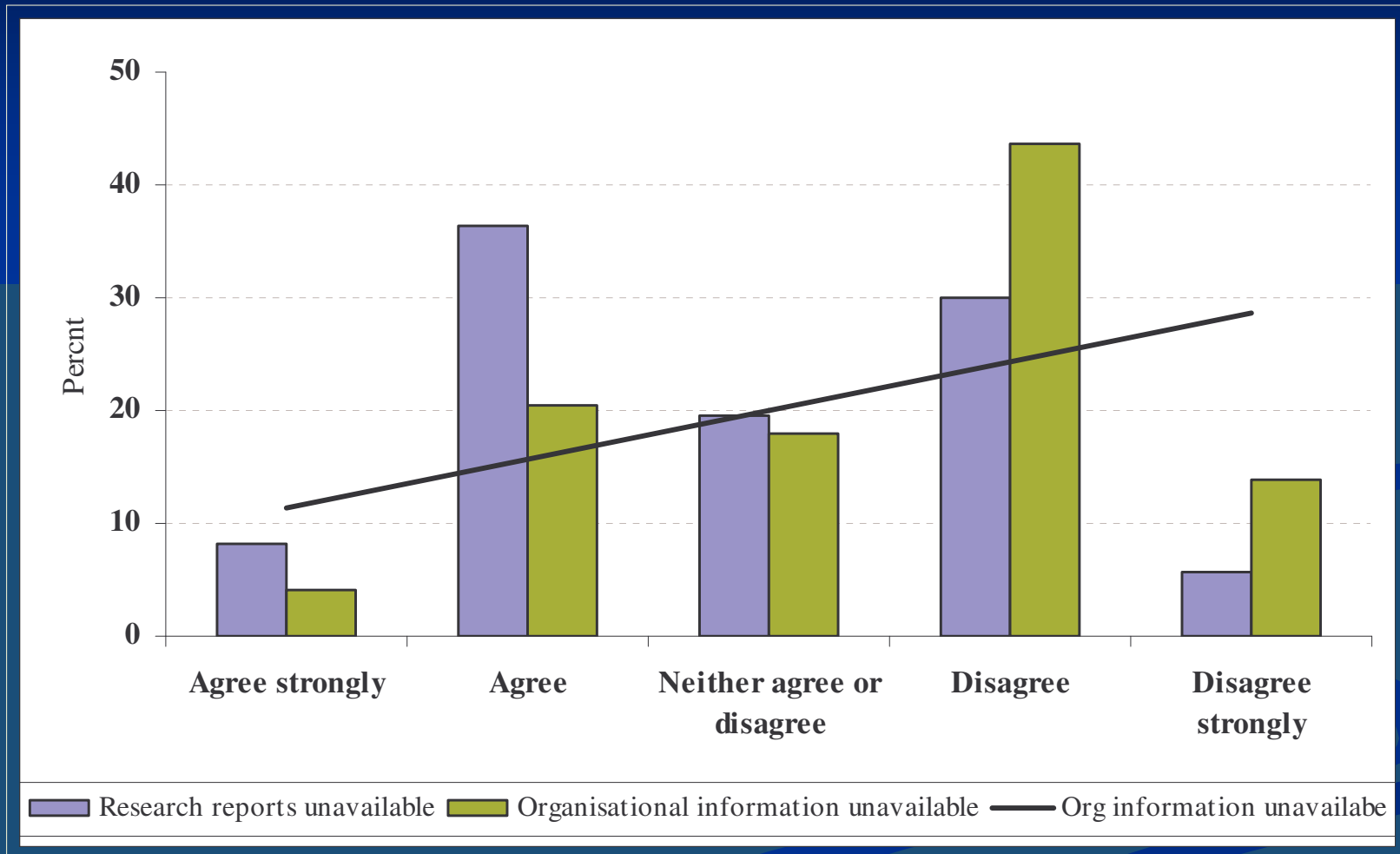
- Medical, Professional, Research journals, Textbooks
- No clear consensus
 - Respondents *sometimes* used journals and textbooks 43% and 44% respectively
 - Slightly more positively pre-disposed to textbooks as a source of transfusion knowledge

- Barriers to assessing information?

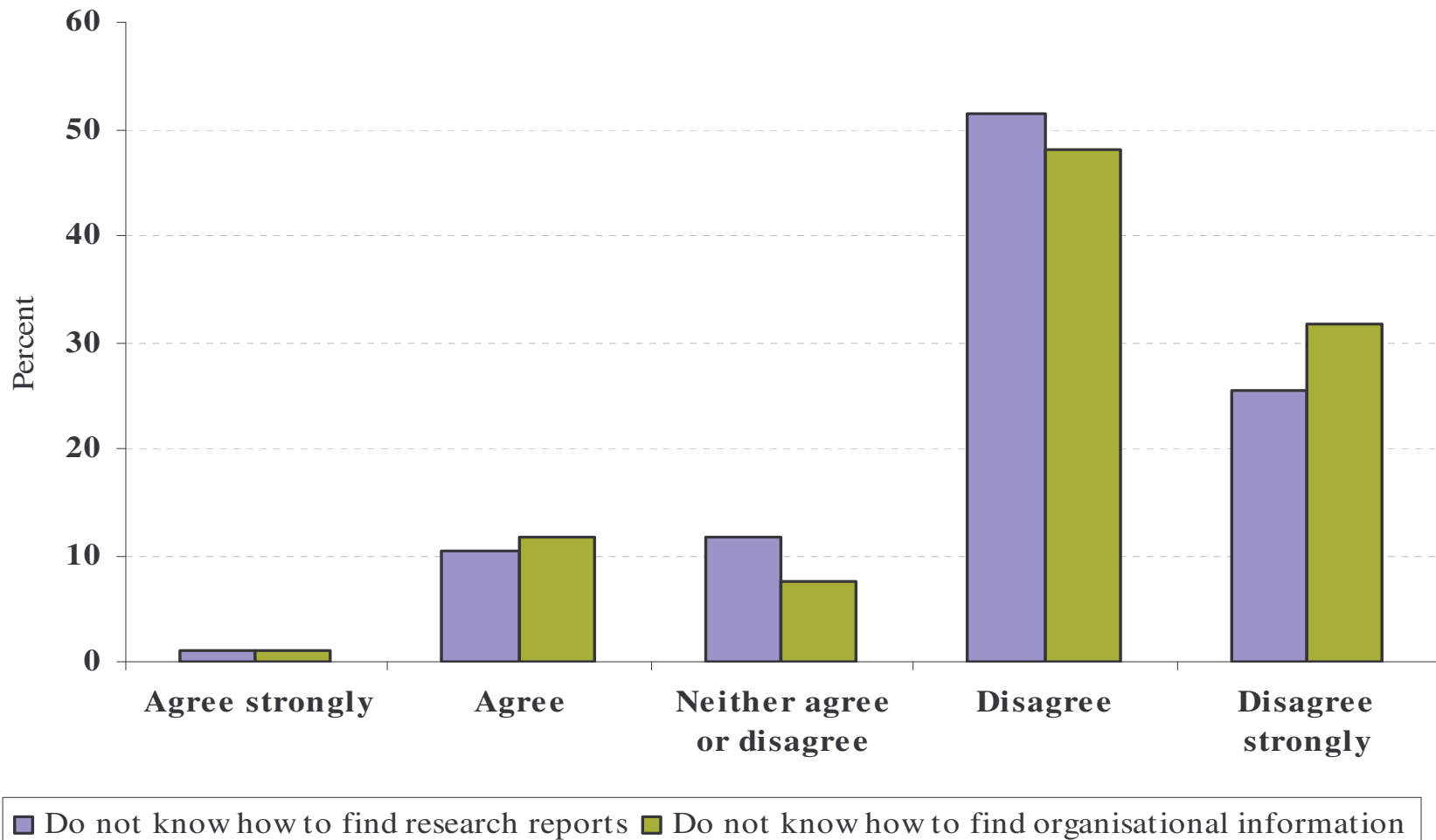
Availability of transfusion information

- Organisational information was more readily available than transfusion related research reports
 - 58% Respondents *agreed* or *strongly agreed* that organisational information was available
 - 36% Respondents *agreed* or *strongly agreed* that research information was available

Availability of transfusion information



Accessing transfusion information



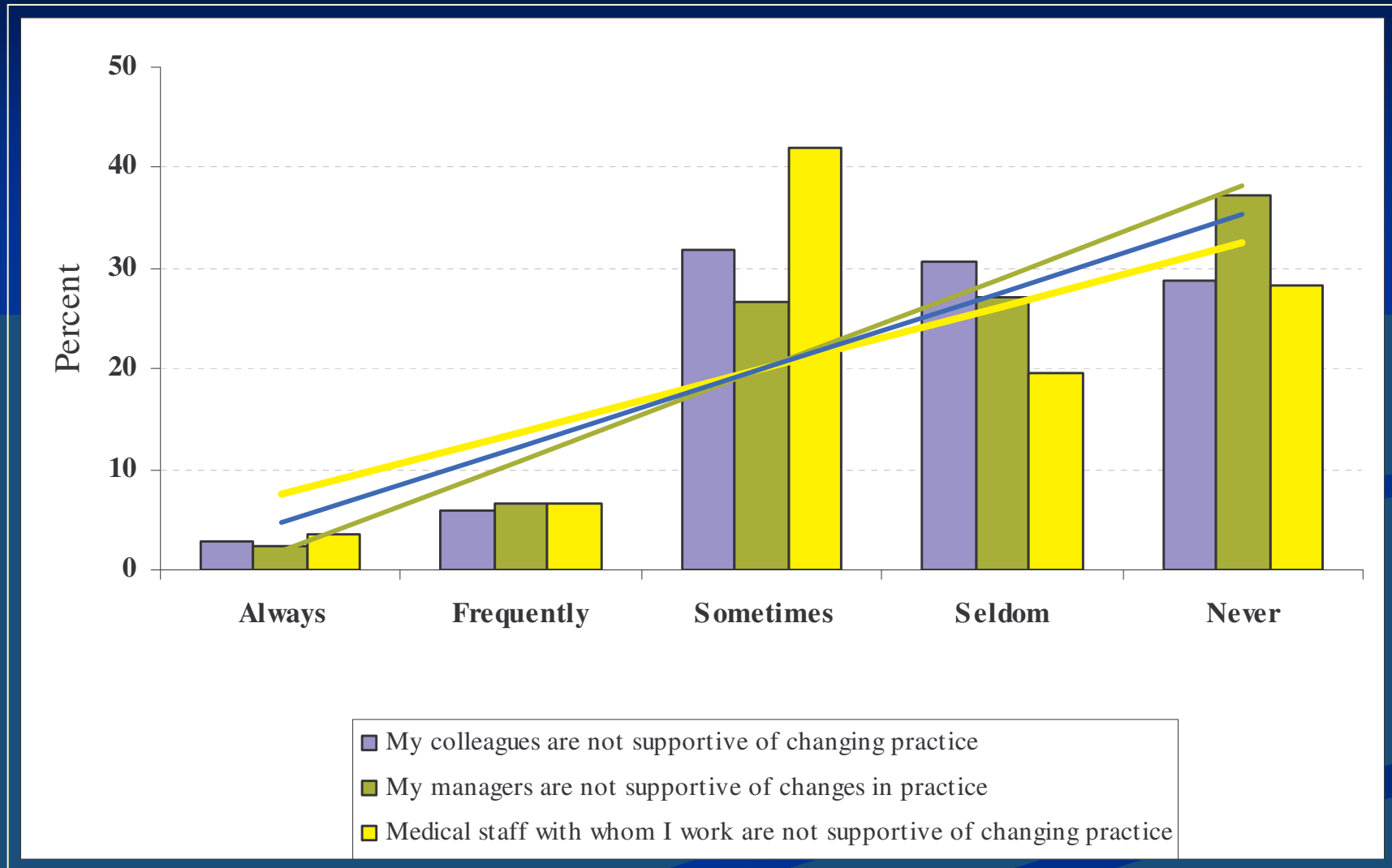
- Barriers to changing transfusion practice?

- Overall, a positive attitude towards changing current practice on the basis of best evidence was apparent
- A majority of respondents' perceived ward culture (79%) to be supportive and indicated confidence (71%) to address the issue.
- Whilst a smaller majority of respondents (57%) believed they had authority to change workplace transfusion practice, the positive attitude prevailed.

Support for changing transfusion practice

- The findings reveal managers (64%), nursing (59%) and medical colleagues (48%) were supportive of changes to an evidence - based transfusion practice.

Support for changing transfusion practice



- Skills analysis?

Skills rating –organisational information

- Respondents reported most confidence in accessing and reviewing organisational policies, and less confidence using this information to support clinical practice

- Role of organisation?

Role of Organisation

- Source of knowledge: organisational resources and personnel
- Audit reports only ranked 10 out of 19
- Organisational information was more accessible than research information as a source of transfusion knowledge
- Greater confidence reported in skills to access organisational information
- Clinical culture and colleagues were identified as being generally supportive.

**IMPLICATIONS
ARISING FROM THIS
STUDY**

For practice

- Highlights the contribution of HVO to clinical transfusion practice –policies, education, clinical resource
- Crucial to invest in this role from both an individual and organisational perspective.
- Transfusion policies must be evidence-based and current

For education

- In-service education- resources in terms of time and facilitation of same
- Undergraduate training- links with universities to minimise the impact of theory practice gap

For research

- Organisations were supportive of evidence - based practice – explorative study of these organisations is recommended
- Nurses employ many sources of knowledge; empirical-organisational, clinical experience and the patient, but it is unclear how it happens - an evaluative study of clinical decision making is recommended

In conclusion;

- This study revealed that nurses employed an evidence based approach to transfusion practice in a true sense as advocated by Sackett (2000). Practice is based on organisational derived knowledge sources, patients determining their choice, and clinical experience of practitioners.

In conclusion;

- Nurses relied on organisational resources for information on clinical transfusion practice.
- The HVO is fundamental to supporting transfusion practice in these organisations.
- These findings have implications for organisations and the haemovigilance role.