

UNDERSTANDING

Nursing Research

Using Research in
Evidence-Based Practice

THIRD EDITION

- Cherie R. REBAR
- Carolyn J. GERSCH
- Carol L. MACNEE
- Susan McCABE

 Wolters Kluwer | Lippincott Williams & Wilkins

Philadelphia • Baltimore • New York • London
Buenos Aires • Hong Kong • Sydney • Taipei

Acquisitions Editor: Hilarie Surrena
Product Manager: Shawn Loht/Eric Van Osten
Director of Nursing Production: Helen Ewan
Design Coordinator: Joan Wendt
Manufacturing Coordinator: Karin Duffield
Prepress Vendor: MPS Limited, a Macmillan Company

3rd edition

Copyright © 2011 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Copyright © 2008 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103 USA
LWW.com

Copyright © 2004 Wolters Kluwer Health | Lippincott Williams & Wilkins. All rights reserved. This book is protected by copyright. No part of this book may be reproduced or transmitted in any form or by any means, including as photocopies or scanned-in or other electronic copies, or utilized by any information storage and retrieval system without written permission from the copyright owner, except for brief quotations embodied in critical articles and reviews. Materials appearing in this book prepared by individuals as part of their official duties as U.S. government employees are not covered by the above-mentioned copyright. To request permission, please contact Lippincott Williams & Wilkins at Two Commerce Square, 2001 Market Street, 4th Floor, Philadelphia, PA 19103, via email at permissions@lww.com, or via our website at lww.com (products and services).

9 8 7 6 5 4 3 2 1

Printed in China

Library of Congress Cataloging-in-Publication Data

Understanding nursing research : using research in evidence-based practice /Cherie R. Rebar ... [et al.].—3rd ed.
p. ; cm.

Rev. ed. of: *Understanding nursing research*/Carol L. Macnee, Susan McCabe. 2nd ed. c2008.

Includes bibliographical references and index.

Summary: "This textbook explicitly links understanding of nursing research with evidence-based practice, and focuses on how to read, critique, and utilize research reports. Organized around questions students have when reading reports—how the conclusions were reached, what types of patients the conclusions apply to, how the study was done, and why it was done that way—the text explains the steps of the research process to answer these questions"—Provided by publisher.

ISBN 978-1-60547-730-5

1. Nursing—Research. I. Rebar, Cherie R. II. Macnee, Carol L. (Carol Leslie). *Understanding nursing research*. [DNLM: 1. Nursing Research. 2. Evidence-Based Nursing—methods. WY 20.5]

RT81.5.M235 2012

610.73072—dc22

2010029517

Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the authors, editors, and publisher are not responsible for errors or omissions or for any consequences from application of the information in this book and make no warranty, expressed or implied, with respect to the currency, completeness, or accuracy of the contents of the publication. Application of this information in a particular situation remains the professional responsibility of the practitioner; the clinical treatments described and recommended may not be considered absolute and universal recommendations.

The authors, editors, and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accordance with the current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

Some drugs and medical devices presented in this publication have Food and Drug Administration (FDA) clearance for limited use in restricted research settings. It is the responsibility of the health care provider to ascertain the FDA status of each drug or device planned for use in his or her clinical practice.

LWW.com

Collection in Qualitative
 3
 Sure Variables in
 Research 155
 Collection in Quantitative
 1
 n Written Reports
 tion Methods 167
 Methods Sections
 ports 168
 Collection Methods
 results, and
 clusion 170
 5—Would You
 lies in Clinical
 0

Signs: Planning
 173

Why Are They
 174

Research Designs 182
 Research Designs 186
 at the Wrong Design for
 tion? 192
 n Published Reports of
 ns 195
 —Did Design Affect
 n? 196
 the Description of the
 a Research Report
 nce-Based Nursing

and the Research
 0

ms for Research 201
 on of Research

Sections of Research

Linking the Literature Review to the Study
 Design 212
 Published Reports—Has the Case Been
 Made for the Research Study? 213
 Common Errors in Reports of the
 Background and Literature Review 213
 Critically Reading Background and
 Literature Review Sections of a
 Research Report for Use in Evidence-
 Based Practice 214

CHAPTER 11

The Research Process 218

The Research Process 219
 Research Process Contrasted to the
 Research Report 229
 Factors That Affect the Research
 Process 231
 Generating Knowledge Through Research
 Can Be Fun! 232
 Published Reports—What Do You
 Conclude Now? 234
 Conclusion 235

APPENDIX A Research Articles 236

Appendix A-1 Sleep, Hunger, Satiety,
 Food Cravings, and Caloric Intake in
 Adolescents 237
Appendix A-2 The Relationships Among
 Self-Esteem, Stress, Coping, Eating
 Behavior, and Depressive Mood in
 Adolescents 251
Appendix A-3 Effects of a Supervised
 Exercise Intervention on Recovery
 From Treatment Regimens in Breast
 Cancer Survivors 270
Appendix A-4 Predictors of Life
 Satisfaction in Stroke Survivors and

Spousal Caregivers After Inpatient
 Rehabilitation 282
Appendix A-5 The Use of Narratives
 to Identify Characteristics Leading to
 a Productive Life Following Acquired
 Brain Injury 296
Appendix A-6 Transition to Home Care:
 Quality of Mental Health, Pharmacy,
 and Medical History Information 320
Appendix A-7 Psychological
 Consequences Associated With
 Intensive Care Treatment 330
Appendix A-8 Mixed Methods in
 Intervention Research: Theory to
 Adaptation 340
Appendix A-9 Aggression Towards
 Health Care Workers in Spain:
 A Multi-facility Study to Evaluate the
 Distribution of Growing Violence
 Among Professionals, Health Facilities
 and Departments 359

APPENDIX B Demographic Characteristics as Predictors of Nursing Students' Choice of Type of Clinical Practice 371

APPENDIX C Sample In-Class Data Collection Tool 377

APPENDIX D In-Class Study Data for Practice Exercise in Chapter 5 380

APPENDIX E Pacifiers: An Update on Use and Misuse 381

GLOSSARY 390

INDEX 400

Aggression Towards Health Care Workers in Spain: A Multi-facility Study to Evaluate the Distribution of Growing Violence Among Professionals, Health Facilities and Departments

Santiago Gascón, PhD; Begoña Martínez-Jarreta, PhD; J. Fabricio González-Andrade, PhD; M. Ángel Santed, PhD; Yolanda Casalod, PhD; M. Ángeles Rueda, PhD

In recent years instances of aggression by patients towards health workers appear to have become more frequent. In Spain, no scientific studies appear to have been performed so far on this question. We analyzed questionnaires on workplace aggression from a stratified sample of 1826 health professionals at 3 hospitals and 22 rural and urban Primary Care facilities located in the Northeast and East of Spain. We found 11% of health workers had been a victim of physical aggression, 5% on more than one occasion, while 64% had been exposed to threatening behaviour, intimidation or insults. About 34% had suffered threats and intimidation on at least one occasion, and 23.8% repeatedly. Over 35% had been subjected to insults on at least one occasion, and 24.3% repeatedly. In general the incidence was higher in large hospitals, with very high levels in services such as Accident and Emergency and Psychiatry.

Keywords: aggression, violence, healthcare workers, Spain.

Despite the high quality of care provided in the Spanish National Health System and established systems for handling patient complaints (Gracia, 1989; Osuna Carrillo & Luna Maldonado, 2004), an increase in patient aggression toward health care workers has been observed in recent years. The most severe cases frequently appear in the media and the topic has been the subject of debate both professionally and institutionally. However, scientific studies have not been available in Spain until now. A similar increase has been reported in other highly developed countries (Chappell & Di Martino, 2002; Di Martino, 2002). Studies carried out in Canada (Hesketh, Duncan, & Estrabrooks, 2003), New Zealand (Grenyer, Ilkiw-Lavalle, & Biro, 2004), Australia (Benveniste, Hibbert, & Runciman, 2005), and the United States (Duhart, 2001) have shown that doctors and nurses are at high risk. Their risk has been compared to that faced by police and other law enforcement workers (Hesketh et al., 2003). In the United States, over half the reported instances of aggression at work are towards health workers, who are at a 16 times higher risk compared to other social workers (Duhart, 2001). A variety of measures have been adopted in various European countries to

Source: International Journal of Occupational and Environmental Health, Jan/Mar 2009, Vol. 15, No. 1, 29–35.

Received from the School of Occupational Medicine, Universidad de Zaragoza. This study was carried out with the support of Fondo de Investigación Sanitaria (FIS), Ministerio de Sanidad, Instituto Carlos III.

Disclosures: The authors report no conflict of interest.