

Abstracts of Master's Theses

Master in Evidence-Based Practice 2008



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At what time is the umbilical cord clamped in normal labour, and what knowledge is clamping of the cord supported on?

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Supervisors: Gro Jamtvedt and Birgitte Graverholt



Patient safety and quality in health care are prioritized areas both internationally, and nationally. The overall aim is that diagnosis and treatment should be based on research knowledge. However, studies show that practice does not always correspond with research-based knowledge, thus causing a gap between what we know and what we do. Research-based knowledge is important to ensure the quality of health services, and through the evaluation we gain knowledge of practice that enable us to assess if we are working evidence - based.

The purpose of this quality improvement project was to document when midwives clamp the umbilical cord in normal labour, in order to assess whether the practice corresponded with evidence-based standard.

Clamping the umbilical cord in normal labour was studied through clinical audit. The first four steps in the audit circle were conducted. 112 midwives at a major birth clinic responded to a questionnaire regarding clamping of the umbilical cord, justification for the timing, placement of the child after birth and use of knowledge sources.

The audit showed that 53 % of the midwives clamped the umbilical cord in normal labour according to the evidence – based standard set for the audit. Furthermore, the audit showed that there were variations among midwives on when the clamping was performed. These variations where found both within the same ward and between the different maternity wards.

The survey also showed that most midwives consulted with her colleague if they were facing a problem related to the timing of clamping the umbilical cord, few midwives used research-based knowledge.

The timing of when the umbilical cord is clamped must be mediated to practice. By providing feedback from the audit midwives can adjust their practice thus limiting the gap between what we know and what we do can be decreased.

Keywords: umbilical cord clamping, normal labour, patient safety, clinical audit, quality improvement, evidence – based practice.

Factors influencing development of evidence-based practice among nurses

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Background: The national authorities of Norway, and Helse Bergen, have decided that the health service is to be evidence-based. Summarized research indicates that implementing an evidence-based practice will be more successful if the interventions overcome identified barriers.

Proposal: The master's thesis consists of an introduction and an article. The introduction presents the translation and adaption of *Development of evidence-based practice questionnaire* (DEBP) into the Norwegian language. The article presents a cross – sectional study of factors which influence development of evidence-based practice of assistance, where the Norwegian version of the instrument which was titled *Utvikling av kunnskapsbasert praksis* (UKBP) have been put to use.

Method: The translation process of the instrument DEBP was in accordance with standardized guidelines for translation and cultural adaption. The cross-sectional study was carried out in a cluster sample including 661 nurses. The instrument UKBP was used to examine to what extent nurses used different knowledge sources for support in practice, which barriers they reported they encountered in use of research evidence and which skills they evaluate themselves to possess in regards to finding and managing research evidence.

Results: The instrument UKBP showed Cronbach's $\alpha = 0,88$ totally. Construct validity was tested with assistance of Hypothesized Relationships. The results showed significant correlation between the chosen variables, which support the construct validity of the instrument. Results from the cross-sectional study showed that nurses in large extent used experienced evidence collected from of one's own observations, colleagues and other collaborators for support in practice. Evidence from research was seldom used. The greatest barriers were lack of time and missing skills to find and manage research evidence. Age, seniority and numbers of years since latest health education influenced use of different sources of evidence and self-reported barriers. It was a significant correlation between skills in evidence-based practice and use of research evidence. Same significance was identified between skills in evidence-based practice and barriers for use of research evidence.

Conclusion: The questionnaire UKBP seems to have a satisfactory validity and reliability and seems suitable to identify factors that can influence on development of evidence-based practice. Skills in evidence-based practice seems to reduce barriers for use of research evidence and to increase use of research evidence.

Keywords: Evidence-based practice, Nurse, Sources of knowledge, Barriers

The National Reporting System – is it a source of learning and quality improvement in Norwegian health care?

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Patient safety and continuous quality improvement are areas receiving growing attention in western countries. Norway has a national quality strategy and a national reporting system is created to assess risk areas and quality deficiencies in the health service. All who provide specialist services are obliged under the Specialist Services Act § 3-3 to report events that have led to, or could have led to, serious injury to patients to the Board of Health Supervision in the county. The main purpose of the obligation to submit reports is to clarify the background of the incident and prevent similar incidents from occurring. Thirteen percent of reports registered with the Board of Health Supervision in 2008-2009 were reports about falls. Summarised research show that multidisciplinary fall prevention measures reduce the frequency of falls and fall risks.

The purpose of the study was to examine whether the current reports of fall events are a source of quality improvement in fall prevention for elderly patients admitted to Norwegian hospitals. We conducted a criterion-based audit using information from said reports.

Audit is a method of measuring quality and quality improvement, the method consisting of six parts. The first four parts; planning, selecting criteria, collecting data and disclosing areas of improvement, were completed and described. The last two parts, improvement and maintaining quality level, were only outlined by implication. The criteria were measured against defined evidence-based fall prevention measures.

The sample consisted of 115 anonymous reports of fall injury events involving patients over 67 years, sent to the Board of Health by Norwegian hospitals in 2009. Over one third of the patients were described as having known reduced cognitive or physical function. In the nine reports describing fall prevention measures prior to the fall event, only one was evidence-based. Fall prevention measures after the fall event were described in 35 reports, but none were evidence-based.

In conclusion, both prior to and after fall events, evidence-based fall prevention measures are only described to a small extent. The study suggests that the use of reports adds little to changing practice, hence makes little contribution to quality improvement in fall prevention among elderly adults admitted to Norwegian hospitals. The audit identified areas of improvement in the use of reports to improve quality in fall prevention.

Keywords: Report system, audit, quality improvement, fall prevention, elderly.

Clinical reasoning described by occupational therapists working at hospitals – a metasynthesis

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Supervisor: Gabrielle Holmefjord

Purpose: The purpose of the master thesis was to find answers to the research question: “How do occupational therapists working at hospitals describe their clinical reasoning?”.

Method: The method used was a metasynthesis with a meta-ethnographic approach. A meta-ethnography utilizes qualitative primary studies for its investigation. This master thesis used five primary qualitative studies. A cross-analysis was used to analyze the raw data, to see patterns across each primary study. The results are considered an interpretation of what the five original studies presented.

Results: The results of the meta-ethnography are presented in four categories: 1) Various reasoning processes, 2) Application of knowledge, 3) How the context affects reasoning and 4) How to help the client be active in their own lives. The occupational therapists use various forms of reasoning in their work. To understand a problem of the client, the occupational therapist uses his previous experience and the application of knowledge. The context also affects the reasoning of occupational therapists. A crucial point in the reasoning of occupational therapists was whether they were able to help the client be active in their own lives. This was done by forming a holistic picture of the client, to establish a therapeutic relationship and share "power" with the client.

Conclusion: The four categories can be considered to be an explanation of how occupational therapists working in hospitals describe their clinical reasoning. Clinical reasoning in occupational therapy is a complex phenomenon. The occupational therapists need to use different forms of reasoning. It seems essential that the occupational therapist makes the client active in their own lives.

Keywords: occupational therapy, clinical reasoning, hospital, metasynthesis, metaethnography, Noblit & Hare, Miles & Huberman.

How do adolescents from 12-23 years with anorexia nervosa experience treatment as inpatients?

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Supervisor: Gabrielle Holmefjord



Background: Anorexia nervosa is a type of eating disorder characterized by low weight, low energy intake and high activity level. People with anorexia nervosa have an excessive preoccupation with body and appearance. The disease usually develops in adolescence and is a disorder with high morbidity and mortality. A significant research in the area has failed to clarify the causes, effects of all types of treatment are small.

Objective: There is lacks of summarized research on how adolescents with anorexia nervosa experience treatment during hospitalization. The purpose is to increase understanding of how this type of treatment can be offered to patients so they may seek and complete treatment.

Study design: A meta - ethnographic approach was used to synthesize the data. Cross analysis is used as an adjunct in the analysis.

Results: A systematic literature search identified relevant studies based on clear criteria for inclusion and exclusion. Included studies are quality appraised. Four themes emerged from analysis: 1. Problematic weight gain, 2. The influence of others, 3. Treatment that helps, 4. Treatment that does not help.

Conclusions: Patients experiencing weight gain problem and require for individual psychological support and treatment from the beginning of the treatment. Influence of others have great significance for the patients during hospitalization. This is considered positive for the support and identification, but negative for comparison and competition. Treatment that helps is individualized and executed in collaboration with experienced clinicians. Treatment that does not help is too rigid and fails to cooperate with the individual on common goals. This is characterized by little cooperation with the individual patient.

Keywords: eating disorders, anorexia nervosa, adolescents, qualitative studies

Summarized research on the effect of clinical supervision of health and social professionals.

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The introduction's main element

This master thesis is built on the article Effect of clinical supervision of health and social professionals in connection to formative, normative and restorative functions – a systematic review of randomised controlled studies planned publicized in the journal Sykepleien Forskning. The following aspects are explored in the introduction because they are not, or only just mentioned in the article; what is clinical supervision; Proctor's three categories, development of search strategies; study selection and data extraction; criteria for quality assessment; the work on the narrative synthesis and the GRADE-appraisals; a model of important aspects in clinical supervision; and an in depth discussion.

Abstract article

Background: It is relevant for health and social professionals to be informed about the effect of clinical supervision, because of the considerable costs and organizing challenges.

Objective: To summarize randomly controlled studies on the effect of clinical supervision of health and social professionals within the supervision's formative, normative and restorative functions, as a systematic review.

Methods: Systematic literature searches, study selection by predetermined criteria, and quality assessment were conducted. A narrative synthesis was undertaken, and its robustness was assessed.

Results: Two studies investigated the effect of clinical supervision of individuals, but found no significant effect on outcome within the supervision's formative function. Whether there was significant effect or not within the supervision's restorative function was not reported. A third study measured effect of clinical group supervision, and found significant effect in connection to the supervision's normative and restorative functions, but not within formative function or for all three functions in total. All of the three included studies had a high risk of bias and very low quality of evidence.

Conclusion: The survey includes too few studies with too low quality to give an unambiguous answer to the effect of clinical supervision of health and social professionals, in connection to the supervision's formative, normative and restorative functions.

Keywords: Health Personnel, Review Systematic, Clinical supervision

Competence building for health personnel in dementia care - An evidence-based guideline adapted by using the ADAPTE method

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Supervisors: Kjersti Lønning and Magali Remy-Stockinger



Background: Demographic data indicate a considerable increase in the number of elderly persons, and old age is the leading risk factor for developing dementia. Authorities state that municipal planning should focus upon services offered the increasing numbers of people with dementia, and towards the need to strengthen health personnel competence concerning dementia. No local guideline or strategy for competence building of health personnel exists in the project municipality.

Objective: The aim of the project has been to establish a set of evidence-based practice guidelines to deal with competence building among health personnel within the field of dementia in remote municipalities (project municipality). The Guideline should include advice and recommendations concerning the topics that ought to be included in teaching about dementia care, as well as offering recommendations about how the teaching ought to be presented.

Methodology: ADAPTE method is used to adapt an evidence based-guideline. Guidelines were searched in national and international databases. Guidelines that met inclusion criteria were assessed as potential source guidelines and were assessed for quality using the AGREE instrument.

Results: No national guidelines were found about the same topic. There was found a total of 156 international documents, three of which were quality assessed. Two of these were eventually used as the source guidelines. Six recommendations are included. The project resulted in a guideline that recommends teaching topics such as challenging behaviour, coercion, communication and person-centred care. Instruction which includes a combination of practical training, supervision, and feedback, all given over a longer stretch of time, shows best effect. Research shows that the effect of training is uncertain and that it is therefore important for more studies with a strong research design on this topic.

Conclusion: The ADAPTE method has been time-consuming, but usable in the process of adapting a guideline. The six recommendations are obtained from a Swedish and British guideline that is adapted to a Norwegian remote municipality.

Key words: evidence-based guidelines, ADAPTE method, dementia, competence building and health personal

Criteria based audit of intrapartum midwifery care to low risk first time mothers

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Background: The Norwegian Birth Services intend to measure the quality of clinical practice in relation to the proportion of healthy first-time mothers who are stimulated with oxytocin in labor. Guidelines are recommended as the basis for quality measurements in order to reduce unwanted variation in practice, and to ensure high health care quality. Quality Measurement activities can be initiated either at the organizational level or by the individual health worker and can be completed with audit and feedback, as this method has proved effective in promoting evidence based practice.

Objective: To measure the internal quality of midwifery practice in accordance with explicit, evidence-based criteria for prevention, diagnosis and treatment of dystocia in the first stage of labor in healthy, low risk first-time mothers.

Method: Internal, retrospective, criteria based audit of data from electronic birth records.

Results: Data collected from 163 (n = 163) records. Standard was not met for any of the criterias. Continuous midwifery- care was not documented in any the records, but showed 91% adherence in one-to-one care. The criterion for defining start of labor was only met by 11 %. Data revealed an oxytocin stimulation frequency of 68 %. The criterion for diagnosing and treating dystocia was not obtained in any of the records.

Conclusion: Mapping was done against the criteria of a guideline that was not tried implemented ahead of the Quality Measurement. Audit showed low baseline adherence to all of the four criteria. Audit was effective in clarifying where focus and effort must be set, as it became clear that midwifery care held very different and sometimes undesirable variations which may affect the birth process negatively.

Keywords: Obstetrics; Midwifery; Intrapartum Care; Labor or Labour, First Stage; Protracted Birth; Dystocia; Guideline; Quality Measurement; Audit and Feedback

Patient education of people with chronic obstructive pulmonary disease (COPD) with mild to moderate disease severity in a family practice in Bergen. Adaptation of an evidence-based guideline using the ADAPTE-process.



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Supervisors: Kjersti Lønning and Magali Remy-Stockinger

Background: The theme of the master project is quality assurance and evidence-based education for patients with chronic obstructive disease (COPD) with mild and moderate disease severity. It is important that these patients are followed up and learned how they can live optimally with COPD. It is also important that COPD patients are able to recognize the symptoms of acute exacerbations and thus initiate necessary medication. The patient education will be a part of the follow-up of COPD patients associated with a family practice in Bergen.

Aim: It does not exist a Norwegian guideline that discuss how COPD education should be structured, and the purpose of the master project is to develop an evidence-based guideline that defines the content and structure of the education offered to COPD patients with mild and moderate disease severity. The guideline should have nurses as its main target group.

Method: The ADAPTE process has been used as the method for developing the guideline. ADAPTE is a validated and internationally recognized method that describes a systematic approach for how to adapt guidelines from existing guidelines produced in one health setting for use in another health setting. This is an alternative to guideline development from scratch, so-called "de novo synthesis".

Main results: The recommendations on this subject are adapted from two international evidence-based guidelines with similar purposes. The adapted guideline consist of 14 recommendations, divided into five main categories: (1) nurse's role in COPD follow-up, (2) smoking cessation, (3) patient education, (4) coping / self-management and (5) various device technique. In addition, there are plans for how to obtain feedback on the document, how to update the guideline, how to implement it and how to evaluate the effect of the guideline in the future.

Conclusion: It's made a draft of an evidence-based guideline for the education of COPD patients with mild and moderate disease severity, adapted for use in the family practice, using the ADAPTE process. The method has structured and validated a time consuming work and revealed need for more research about COPD education.

Keywords: Evidence-based guidelines, adaptation, ADAPTE-process, Chronic Obstructive Pulmonary Disease (COPD), patient education.

**User involvement in health care at an organisational level:
A qualitative study of the usefulness of training in evidence-based
practice for user representatives**



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Supervisor: Signe A. Flottorp

Health care services should be based on the best available evidence, and emphasise the active role of users. There is little research on user involvement at the population level. Norwegian health authorities have highlighted the need for better knowledge related to how users are involved in health care decisions, the degree to which they are involved, the outcomes of user involvement, and how user input can be heard more clearly. This paper gives a theoretical introduction to user involvement, the role as a user representative, and different frameworks for user involvement. Evidence-based practice is a standard approach for the development and delivery of health care services. Courses targeting health personnel have been widely available, but few courses target user representatives. The aim of this study was to explore how user representatives evaluate the usefulness of a 4-hour course in evidence-based practice and critical appraisal. Two courses were held. The course was evaluated using focus group interviews and data was analysed according to the framework interpretive description.

The 4-hour course consisted of three parts:

1. introduction to evidence-based practice
2. how to access reliable health information
3. how to critically appraise health information using the DISCERN-instrument

Parts two and three developed from the web-portal 'Sunn skepsis' (Healthy scepticism).

Evidence-based practice was considered a tool that provided user representatives with useful attitudes and skills. Participants gave rich descriptions of settings and tasks related to their role, where these outcomes were important. The study sheds light on the need for and importance of user representative competence. There is a need for further studies evaluating different course concepts, including courses for both health personnel and user representatives together. Frameworks and evaluation tools from evidence based practice, public involvement, and health literacy might be usefully combined.

Keywords: User representatives, evidence-based practice, usefulness, Discerninstrument, interpretive description

Use of a standardized diagnostic screening tool for delirium in the intensive care unit - Clinical audit as a quality improvement method to enhance evidence-based practice



Author: Britt Sjøbø – Haukeland University Hospital

Supervisors: Birgitte Graverholdt and Gro Jamtvedt

Background: Reliable health services are often linked to evidence-based practice. Delirium occurs in 20-80 % of patients in intensive care, and is associated with increased mortality, prolonged hospital stay and long-term problems for the patient. Still, the condition is often overlooked. An evidence-based guideline recommends that critically ill patients are regularly assessed by the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). Whether practice reflects this recommendation is unknown.

Objective: The aim of this quality improvement project is to ensure that delirium is recognized in critically ill patients so that they can get proper treatment.

Method: An audit was performed on notes of 47 consecutive patients during a 3-months period according to pre-set criteria. Additionally, we randomly picked 18 of these cases for further investigation of the nursing documentation. Data were categorized and quantified, and formed baseline measurement for studying change over time after education.

Results: CAM-ICU was not used according to recommendations. The nursing reports for 18 cases showed that delirium was unsystematically and subjectively assessed. Only 4.3 % of the nursing reports contained a complete delirium assessment. As a result of the audit, the nurses received an educational session and an electronic reminder was implemented in the patient chart system. Compliance to protocol was measured for 15 weeks using statistical process control. Compliance to protocol increased to 27.5 %. An increase in recognition of delirium was found; from 23.4 % to 52.9 % of the patients.

Conclusion: Clinical audit revealed a practice inadequate according to recommendations from the guideline. Simple educational sessions improved practice slightly, and more patients with delirium were diagnosed. Stronger leadership skills and mobilizing local "champions" may reinforce the improvement process.

Keywords: delirium, clinical audit, statistical process control, intensive care unit, quality improvement

Attitude and behavior toward evidence-based practice - a survey

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Supervisors: Monica Wammen Nortvedt and Nina Rydland Olsen



Background: According to Norwegian national policies health and social workers in clinical practice and health educators are committed to work evidence-based. To encourage the use of evidence in clinical practice and teaching a postgraduate education in evidence-based practice was established at Bergen University College in 2004.

Aim: The aim of the study was to examine attitude and behavior related to evidence-based practice among former participants of postgraduate education in evidence-based practice.

Methods: A survey was conducted among participants who had attended postgraduate education in evidence-based practice at Bergen University College (n=291). EBP Beliefs Scale and EBP Implementation Scale were sent to the participants' home address the winter of 2010/11.

Results: Response rate was 75.4 %. The participants reported strong beliefs in evidence-based practice, but did not often engage in activities related to evidence-based practice. Participants of evidence-based network groups were more positive and implemented evidence-based practice more often. Participations with master degree were also more positive to evidence-based practice. In addition teachers at University Colleges had statistic significant higher scores on EBP Beliefs Scale and EBP Implementation Scale than health and social workers in clinical practice.

Conclusion: Participation in evidence-based network groups may be positive regarding attitudes and implementation of evidence-based practice. Master degree may also be positive to attitudes. A culture that implement strategies to increase participation in evidence-based network groups, active seek to raise the education level among health and social workers in clinical practice and value knowledge from research may facilitate positive attitudes and implementation of evidence-based practice.

Key words: Attitude, behavior, evidence-based practice, survey, postgraduate.

Beliefs and Attitudes Toward Evidence-Based Practice - A survey

Author: Kjersti Stokke – Oslo University Hospital

Supervisors: Nina Rydland Olsen and Monica W. Nortvedt



Background: At the Norwegian Radium Hospital evidence-based practice (EBP) has been integrated through the project: "Implementing EBP in the nursing service at the Norwegian Radium Hospital". Halfway through the project schedule we wanted to identify how nurses related to EBP.

Aim: The purpose of this study was to investigate self-reported attitudes toward and implementation of EBP by nurses at the Norwegian Radium Hospital and see if there was correlation between beliefs and implementation to EBP.

Method: A cross-sectional study among 356 nurses at the Norwegian Radium Hospital was performed. Background variables such as age, seniority, gender, occupation, education, knowledge of EBP and participation in EBP-working groups and attitudes and behaviors related to EBP were registered. The Norwegian version of the "EBP Implementation Scale" and "EBP Belief Scale" was used.

Results: A total of 185 nurses participated in the survey (response rate 52 %). Results showed that the nurses had a positive attitude to EBP but they reported a low level of EBP – activities. A correlation between attitudes and behavior related to EBP showed that an attitude related to knowledge was of primary importance for the implementation. The nurses had a high belief in the value of EBP but little faith in their own knowledge of EBP. Belief in EBP was significantly higher in the group who had knowledge about EBP compared with the group who had no knowledge of EBP and in the group who worked in EBP- working groups compared with those who did not.

Conclusion: The study indicates that an individual's belief about EBP is related to the extent to which they perform EBP. This finding is important as cognitive beliefs about and implementation of EBP can be strengthened through interventions. To possess knowledge and to work in EBP working groups also seems to matter. Training defined persons in EBP, organizing and guiding the work groups appear to be beneficial.

Keywords: Evidence-based practice, EBP Implementation Scale, EBP Belief Scale, Survey, Nurses.

Adjusting team involvement - Nurse anaesthetists- and OR nurses` challenges in surgical teams.

Author: Hilde Valen Wæhle – Haukeland University Hospital

Supervisors: Esther Hjälmhult and Ragnhild Øye Bjarkøy



WHO`s Safe Surgical Checklist was implemented at Haukeland University Hospital in 2009. Even though the use of perioperative checklists have resulted in significant reduction in postoperative mortality and morbidity, as well as information improvements, attitude towards the use of checklists seem to vary and are likely to influence compliance. In this study the challenges of using the WHO`s Safe Surgical Checklist as experienced by the nurses involved in the surgical team, was explored. Grounded theory was used in gathering- and analysing data from single- and focus group interviews, and observation of the checklist in use in the operating room. The nurses` main concern was identified as —how to obtain professional- and social acceptance within the team. The grounded theory of —adjusting team involvement` consisting of three strategies, seems to explain how they resolved their challenge. Each strategy had corresponding conditions and consequences, which determined checklist compliance, and how the checklist was used. Even though nurses seem to have a loyal attitude towards the WHO`s checklist considering their task work, they adjusted their team involvement according to practical, social and professional conditions in their work environment. This might result in incomplete use of the checklist, and low compliance. To ensure that WHO`s —Safe Surgical Checklist` will improve team performance over time, including involvement of all members of the surgical team, identified barriers to checklist use need to be addressed. Building expectations of performance standards into work processes, by management controlled, multidisciplinary commitment, might improve the environmental culture in the operating room.

Key words:

Grounded theory, nursing professionals, WHO`s Safe Surgical Checklist, team involvement, teamwork