Title:
A Systematic Review of the Factors Influencing Healthcare Managers' Engagement in Evidence-Informed Practice

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Session Title:
Promoting Evidence-Based Practice
Slot:
R 03: Monday, 31 July 2017: 10:15 AM-11:30 AM
Scheduled Time:
10:15 AM

Keywords:
evidence-informed practice, healthcare managers and influencing factors

References:


Abstract Summary:
By exploring findings from an international systematic review of the literature, participants will gain an understanding of the factors that influence healthcare managers’ evidence-based management practices. In addition, participants will come away with knowledge of how to promote/support healthcare managers’ evidence-based practice in their own organizations.

Learning Activity:
Abstract Text:

**Purpose:** Provision of quality care is dependent on both the progressive application of evidence-based medicine and the adoption of evidence-based management practices, which create the capacity for an organization to effectively standardize evidence-based care (Shortall, Rundall & Hsu, 2007). Despite general support among health care leaders for evidence-based approaches to clinical practice, many have been slow to approach their managerial practice with a similar lens (Hewison, 1997). We know relatively little about the knowledge practices of healthcare managers, particularly as it relates to the application of research evidence in their management practice (Lomas 2005). To fill this gap in the literature, we have conducted a systematic review of the international literature with the goal of isolating factors predictive of research use in the management practice of healthcare leaders.

**Methods:** This review was conducted concurrently to a related review examining interventions to enhance healthcare managers’ use of research evidence in their management practice (Tate et al. In Preparation); we conducted a single search and filtered studies to one review or the other (or both) as appropriate. Inclusion and exclusion criteria, set a priori by the complete research team (n = 7) were applied independently by two reviewers at both the title and abstract review stage and the full-text manuscript review stage. Included studies must have reported on a primary study of healthcare managers, in which the goal (at least in part) was to identify factors related to healthcare managers’ use of research in their management practice. Healthcare managers, for our purposes, were defined as persons employed in a formal management/leadership position at any level in a healthcare delivery organization (e.g. vice president, director, executive, manager). Studies were excluded if the subjects were primarily policy-makers, if the focus was on clinical decision-making, or if, in the study, knowledge use was defined so broadly as to include non-research evidence. Research evidence, for our purposes, was defined as researcher-produced evidence that had been developed in accordance with standard scholarly practices.

An academic librarian specializing in health sciences aided the research team in developing a comprehensive search strategy. We conducted our search in ten electronic databases including (but not limited to): CINAHL, MEDLINE, PsycINFO, Cochrane Database of Systematic Reviews and Business Source Complete. Key search terms included “decision-maker/making,” “research use/utilization” and “healthcare managers/management.”

For all studies meeting inclusion criteria, we extracted relevant methodological details and results into a standardized data extraction template. Each extraction was completed by one member of the research team and validated by another. Each included study also underwent quality appraisal, conducted independently by two team members. We appraised all qualitative papers using Letts, Wilkins, Law, Stewart, Bosch and Westmoreland’s Critical Review Form – Qualitative Studies (Version 2.0) and all quantitative using Cummings et al.’s (2008) tool, which has been employed in multiple reviews to
appraise cross-sectional, correlational and exploratory studies. Studies containing both qualitative and quantitative results were evaluated using both appraisal tools. Studies at all quality levels (low, medium, high) were included in the synthesis of results.

In order to organize and subsequently analyze the findings we used the PARIHS framework (Rycroft-Malone, 2004). This framework contains three core concepts: context, facilitation and evidence (Rycroft-Malone, 2004). These three concepts were used as the initial rows for a matrix which were applied to the data. Each study was read and reread by PB, new themes and subthemes were added to the matrix as required (not captured by the three categories) under each of the themes. Additional rows were added as needed. An ‘x’ was placed in the matrix when a theme or sub-theme was identified in a study. Once the final themes and sub-themes were agreed upon by the research team, a final matrix was developed and applied to all included articles, which resulted in the final synthesis.

**Results:** From the data, we identified three major influencing factors; context, facilitators, healthcare manager characteristics. The evidence strongly suggests that organizational context plays a key role in determining whether or not the healthcare manager uses evidence to support/inform his/her practice. Factors within the organizational context include; the level of commitment within the organization to support and implement evidence-informed management practices, the amount of value placed on evidence-informed practice by the organization, organizational expectations related to the use of evidence in practice, the presence of organizational policies and mandates that support and/or promote evidence-informed healthcare manager practices, and the organization’s philosophy related to the use of research evidence. Facilitators of evidence informed healthcare manager practice include having access to adequate human and non-human resources. Human resources included; adequate library services (librarian, library technicians) and support, knowledgeable staff (as it relates to research and evidence-informed practice), and other organizational leaders who could promote and support those wanting to implement evidence into practice. Non-human resources included; time to search, read, and apply research evidence to management practices, access to data/resources and a technical infrastructure capable of supporting evidence-informed practice. Healthcare manager characteristics also played a significant role in influencing whether or not he/she used research evidence in their practice. The lack of understanding of what evidence-informed practice is, the lack of training in research and/or the lack of personal research experience all limited the manager’s use of evidence in healthcare manager practice.

**Conclusion:** Without a supportive environment and the necessary resources (human and non-human) within that environment health care managers (with or without knowledge of evidence-based practice) are much less likely to engage in evidence-based practice. More attention must be paid to supporting healthcare managers (using a variety of strategies) to engage with the research evidence to inform healthcare management practices.