

# Attitude of Staff Nurses towards Nursing Research

**DENNIE KATE PASCO**

ORCID No. 0000-0001-9168-1355

[dkpasco@gmail.com](mailto:dkpasco@gmail.com)

**LESLEY C. LUBOS**

ORCID NO. 0000-0002-8761-3680

[lesleyclubos@liceo.edu.ph](mailto:lesleyclubos@liceo.edu.ph)

Liceo de Cagayan University  
Cagayan de Oro City, Philippines

## ABSTRACT

Nursing research is imperative to the nursing profession in order to deliver a safe and quality nursing care. This study aimed to assess the attitude of staff nurses in a private tertiary hospital in Cagayan de Oro City. Specifically, this study determined the staff nurses' attitude towards nursing research and its significant relationship between their demographic profile in terms of interest and environmental support, pay off and benefits, and barriers to conducting research. The study was conducted through survey methodology and convenience sampling with 100 respondents who answered Boothe's Attitude on Nursing Research. The statistical tools used were mean, standard variation, and one-way ANOVA. The results showed that the highest number among the respondents were females, between the age bracket of 20 to 25 years old, with regular employment status, most nurses were college degree holders and with 1 to 3 years of clinical experience. The test results showed a significant relationship between age in terms of interest and environmental support as well as age in terms of pay off and benefits. Indeed, nurses have generally positive attitude towards conducting research, Therefore, there must be a constant increase of awareness of the importance and the benefits of research.

**Keywords:** attitude, research, age, payoff, benefits

## INTRODUCTION

Nursing research is a step by step process of critical analysis of an inquiry to enhance and expand the body of knowledge of the nursing profession to help address the health concerns of the patient, families, communities, and nations. In addition, a nurse researcher must be knowledgeable with the research methods and has the willingness to conduct research.

Research is presently a part of the nurses' job description that has been linked with the belief of efficiency, effectiveness, and quality improvement in the health-care system (McMillan, 2003).

In addition, the goal of nursing research is to offer knowledgeable materials for study in order to acquire knowledge related to practice that is prescribed accurately and professionally (Polit & Beck, 2004) and also, to be able to give evidence-based care to enhance the delivery of quality healthcare policy and system to a certain organization (American Nurses Association, 2004).

Nonetheless, an intensive study to improve the issue of the barriers of nurses engaging in evidence-based practice has been greatly deficient (Flodgren, 2012). It is imperative because research gives another set of newly improved knowledge that will influence professional opinion, political advocacy, and managerial decision making. However, there is a scarcity of financial aid to conduct research that causes difficulties in enticing leading researchers in maintaining their drive to investigate new inquiries (Cooper, 2004).

Nonetheless, there are still a lot of factors that hinder nurses to conduct research even though it offers a lot of benefits, some of the examples are deficit knowledge regarding research, the negative perception towards nursing research, the inadequate responsiveness of the findings, institution's inadequate support, and not enough confidence in researching and the challenge of integrating research to actual practice. According to Parahoo et al. (2014), their findings showed that nurses feel that they are not authorized to revise any nursing procedures that pertain to the delivery of patient care, furthermore, others found out there was a difficulty in gathering resources, time to attend research methodology related courses and a place for nurse investigator in the actual clinical area (Halabi et al., 2012).

On the other hand, Philippines nursing research encountered sets of difficulties of limited resources and opportunities due to the fast turnover nursing profession thus preventing the possibility to attain a full scientific potential like the governments' aid and nursing experts scarcity (Babate, 2012).

Recently, a law was implemented that every Filipino registered nurses must obtain 15 units per year of Continuing Professional Development (CPD) programs in order to renew their Professional Identification Cards. According to the Professional Regulation Commission, nurses have to accumulate 60 units of programs that are approved by the PRC, for instance, Formal learning, Informal learning, Self-directed learning, online learning activities, Professional work experience and conventions, which usually entails payment and it might be another factor that may hinder for a nurse to conduct research.

Lastly, for the nursing profession has the capacity to impact the health cares' future if its goal is affiliated with giving the optimum and holistic patient-centered care that has a scientific basis and with evidence-based findings that will not affect any institution and the health-care culture (Aiken, 2008).

This study will explore the difference of staff nurses' attitudes towards research and the supporting structure.

## FRAMEWORK

The study used the Theory of Reasoned Action and Donabedian's model of structure, process, and outcome as framework of the study.

The Theory of Reasoned Action explains the relationship between one's attitude and behavior. A behavior can be affected by two factors, first is the "attitude towards behavior" that implies the extent if a person has a favorable or unfavorable reaction to a behavior in question. The "perceived social pressure to perform or not to perform the behavior" is the second one factor that is a subjective norm which is also said to be a social factor (Ajzen & Madden, 1986).

The mentioned factors indicate the intention to perform the behavior. A person's attitude towards an object is based on his/her own individual beliefs about a particular object. According to an individual set of beliefs, they will evaluate the behavior in a positive way and when they believe that the others feel they should perform a certain behavior. The theory of reasoned action stated that "a relationship between attitudes toward nursing research, subjective norm, and the utilization of nursing research may be postulated" (Wadman, 1997).

The choice of a nurse to be involved in the nursing research or to apply the outcome of the research into practice will depend on the following factors: the nurse's attitude towards nursing research ; the nurse's beliefs or stand regarding the importance of the research, and the nurse's role in nursing research; the value the nurse's places on the reward for the use of research, that reward that is likely

to be obtained; the views of others towards the research, and the credibility given to the opinions of others concerning the research (Wadman, 1997).

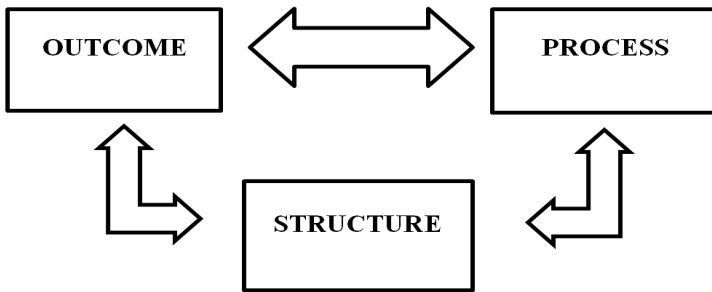
Donabedian's Model of structure, process, and outcome framework explains the structures needed by the organization that supports quality.

The structure affects the setting of the delivery of care, for instance, the facility, the materials, the personnel with its training and corresponding salary. These factors will impact the health-care providers and patients' reaction to the rendered care within an institution where observation is often easy to observe and measure the probable causes the identified in the process (Donabedian, 1988).

Next will be the process, which is the overall foundation that builds the health care system, includes the following examples: the diagnosis, the mode of treatment, preventive ways to avoid diseases and health education up to the actions taken by the patient as well as their significant others. It also includes how care was delivered and the type of care given. Information about the process can be obtained from medical records, interviews with patients and practitioners, or direct observations of healthcare visits (Donabedian, 1988).

The outcome holds all the effects of healthcare on an individual or residents, together with modifications to health status, actions, or understanding as well as patient gratification and health-related quality of life. Outcomes are sometimes seen as the most significant indicators of quality because refining patient health status is the primary goal of healthcare. Nevertheless, precise measuring of outcomes that can be attributed solely to healthcare is very challenging. Mapping the links between process and outcomes sometimes entails huge sample populations, alterations by mix cases, and long-term follow-ups as outcomes may take substantial time to become noticeable (Donabedian, 1988).

Lastly, the outcome which is the overall the aftermath of healthcare to the patient as well as the change of health level, action, and literacy the same with the satisfaction of the patient and quality of living related to health. It is also perceived as the most imperative factor of quality for the fundamental aim is to elevate the health status of the patient. Nevertheless, gauging the outcome of healthcare is very difficult (Donabedian, 1988)

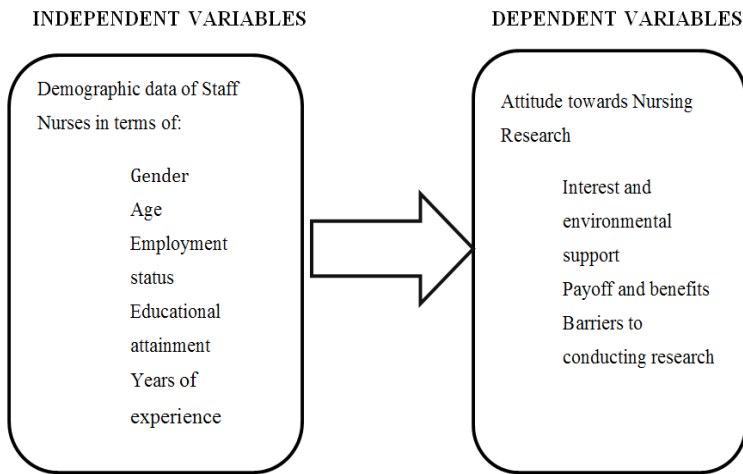


*Figure 1.* The relationship of structure, process, and outcome

The never-ending feedback loop in the model showed that structure and process are linked together and impact the outcomes. Therefore, the improvements made in structure or processes could improve outcomes. Donabedian's framework recommends that good structure together with good processes can create good outcomes. Donabedian's approach concludes that good structure is the basis of good processes. Good processes in turn ultimately lead to quality outcomes (Donabedian, 1992).

A good supporting structure/process can achieve several outcomes related to nursing research. These include: increasing nursing research knowledge, increasing support for nursing research through mentoring, and the nursing research education program growth. Also, Donabedian's framework on nursing practice can also be grounded in research. Nurses must observe the protocols, procedures, and clinical pathways as a guideline in applying rendering care on a day to day basis. Integrating the protocols, procedures, and clinical pathways with the collaboration of evidence-based interventions will help during the research-based practice. Nursing attitudes toward the organizational structure (structure and process) affect the nurses' beliefs to participate in research at any level (Donabedian, 1992).

The interplay of the variables used in the study is presented in Figure 2.



*Figure 2.* Schematic presentation shows the relationship of the variable in the study

## OBJECTIVES OF THE STUDY

The objective of the study was to examine the attitude of staff nurses towards nursing research. Specifically, it aimed to (1) identify the demographic data of the respondents in terms of Age, Gender, Employment status, Educational attainment and Years of work experience; (2) determine attitudes of nurses toward research in terms of Interest and Environmental Support; Pay Off and Benefits, and Barriers to conducting research; and (3) determine the significant difference of the attitude of nurses towards research in terms of interest and environmental support, pay off and benefits, the barriers to conducting research when grouped according to their demographic profile.

## METHODS

The study was conducted in Cagayan de Oro City, in a private tertiary care hospital with a total bed capacity of two-hundred-fifty (250), with an approximate number of 310 nurses and operating under DOH and PHIC license with one hundred fifty (150) beds. It offers the following services: in-patient and out-patient department, Emergency Room, Pediatrics, Obstetrics-Gynecology,

Internal Medicine, General Surgery, Family Medicine, EENT, Orthopedics, Urology, Dermatology, Reconstructive Surgery, Rehabilitation Medicine, Neonatal Intensive Care Unit, Intensive Care Unit, Operating-Delivery Rooms, Hemodialysis Unit, Laboratory, Radiology department and Pharmacy services.

The study employed a descriptive research design. According to Polit and Beck (2004), a descriptive design has a high degree of representativeness, and it is usually utilized when there is poor information about the topic. Within the context of this study, the attitude of staff nurses towards nursing research has not been documented in Cagayan de Oro City before.

The participants of the study were composed of the following nurses who were currently working in the private hospital in Cagayan de Oro aged 20 years old and above. In this study, convenience sampling was utilized, there were a total of 100 nurses assigned at the following areas: Clinical ward, Operating room, Intensive Care Unit, Dialysis Department and Emergency Department answered the questionnaires after their shift and collected the questionnaires on the same day or two days after.

The study used the Attitudes on Nursing Research Scale that was developed by Boothe in 1981 as part of her dissertation and was used by Bostrom and colleagues in 1989. The survey consists of 46 items designed to determine attitudes related to nursing research. The instrument has two parts. Part 1 focused on the demographic profile consisting of gender, age, employment status; educational attainment, years of work experience and, The items on the attitude were divided into three subscales. These subscales are (a) interest and environmental support to research (for questions 1-21), (b) payoff and benefits to research (for questions 22-38), and (c) barriers to conducting research (for questions 39-46). A Likert Scale with a response from 1 = strongly disagree (SD), then 2 = disagree, next 3 = agree and lastly, 4 = strongly agree (SA).

### Research Protocol

To ensure the quality and reliability of research findings, the researchers observed the following University Protocol. The researcher sought approval from the adviser after careful assessment and review of the manuscript for the project paper. The Dean of the School of the Graduate Studies approved the schedule for the defense of the project proposal after thorough assessment and review of the final manuscript. After the proposal defense, the researchers accomplished the Research Ethics Application Form and submitted it to the Office of the Vice President for Research, Publication and Extension together with the approved

research proposal. The Associate director of the Research and Publication Office reviewed the proposal and Research Ethics Form for completeness and for compliance with the University format and guidelines. The research ethics form was then forwarded to the RPO Director and Vice President for Research, Publication, and Extension for further review and approval of the Research Ethics Review Committee. The researchers wrote letters and secured permission from the Medical director, Chief Nurse of the private hospital. The researchers also secured the respondents' consent to participate in the study. Moreover, the respondents were assured that all their responses would be treated with utmost confidentiality. Provision of the final manuscript. The researchers provided the adviser the copy or the manuscript for assessment and review of the quality and relevance of the paper prior to the scheduling of the final research presentation. Once the paper was approved by the adviser, it was forwarded to the Graduate Studies Research Coordinator for further review of the completeness of the paper. The Coordinator then met with the dean for the scheduling of the paper presentation. After the final paper presentation, the researchers incorporated all the corrections and suggestions of the Research Panel. It was then reviewed by the adviser and the panel members. After the paper was approved by the panel, it was then submitted to the Research and Publication Office for Plagiarism and Grammarly Tests. The researchers then forwarded the final paper to their assigned editor. After incorporating all the corrections, the researchers submitted the final paper to the adviser and Research Panel for signature and approval for binding.

Prior to the actual data gathering, the researcher thoroughly discussed among the respondents the nature and context of the study. After the target respondents signified their willingness to participate voluntarily in the study, the questionnaires were disseminated to the staff nurses, and ten respondents were subjected to the Focus Group discussion to collect the subjective data.

The answers to questionnaires were calculated and tabulated for data analysis. The researcher used descriptive-quantitative statistics approach and followed the sequence method of analysis such as mean, standard deviation and frequency.

Also, to test the relationship, inferential statistics method were utilized like One-way ANOVA together with two sample T-test. The corresponding results supported the certification of the collected data from the survey.

The questionnaire was pilot-tested and subjected to reliability test at the Office of the Vice President for Research, Publication, and Extension of Liceo de Cagayan University. The test yielded a Cronbach's Alpha rating of 0.932 indicating that the questionnaire was reliable.



The data collected from the questionnaire were tallied and encoded after using descriptive and inferential statistics to obtain the percentage of the demographic profile questions with the aid of SPSS, which analyzes the result. On the other hand, the Two-sample T-test and One way ANOVA Test were used to test the difference between independent variable to the dependent variable. The significant level of  $\alpha = 0.05$  was used as the basis.

## RESULTS AND DISCUSSION

The findings of the survey were tabulated, analyzed and interpreted in tables.

**Objective 1:** To determine the demographic data of the respondent.

Table 1

### *Profile of the Respondents*

Gender	Frequency	Percentage
Male	26	26.00
Female	74	74.00
<b>Total</b>	<b>100</b>	<b>100.00</b>
<b>Age</b>		
20-25 years old	65	65.00
26-30 years old	32	32.00
31-35 years old	3	3.00
36 years old and above	0	0.00
<b>Total</b>	<b>100</b>	<b>100.00</b>
<b>Employment status</b>		
Probationary status	30	30.00
Regular status	70	70.00
<b>Total</b>	<b>100</b>	<b>100.00</b>
<b>Educational Attainment</b>		
College Degree	91	91.00
Master's Degree	9	9.00
Doctor's Degree	0	0
<b>Total</b>	<b>100</b>	<b>100.00</b>
<b>Years of Experience</b>		
less than 1 year to 1 year	35	35.00
2 to 3 years	39	39.00
4 to 5 years	17	17.00
6 years and more	9	9.00
<b>Total</b>	<b>100</b>	<b>100.00</b>

Table 1 presents the profile of the staff nurses. Regarding gender, majority of the respondents (74%) are female and only 20% were male. The female-dominated nursing community and the prevalence stereotyping and gender bias imprinted in the nursing education makes an uncomfortable place for the males and those with less gendered typed views. A study was conducted in an institution in Sydney, Australia, to explore if sex-role character differences of nurses existed for the gender and the findings showed no significant difference in regards of masculinity and feminine scores and sex type varieties. Though, when male nurses from this study were compared to Bem's sample of men, Fisher establish a vital difference among the two and there were more men in the nursing profession were gender-typed as feminine (Fisher, 1999).

Studies conducted pertaining to male students perceptions of obstacles that perpetuate gender bias and stereotyping in nursing studies reported the following: there is no male faculty in nursing, educators refer to nurses using the word she, there are limited opportunities to work with male nurses in clinical settings, and during the presentation of the history of nursing, there is no presentation of the history of men in nursing (Grady et al., 2008). Also, the faculty does not give any guidance for appropriate use of touch, there are remarks made by faculty in the classroom, and male nursing students report inequitable treatment by nursing faculty (Grady et al., 2008). Also, the faculty does not give any guidance for appropriate use of touch, there are remarks made by faculty in the classroom, and male nursing students report inequitable treatment by nursing faculty (Grady et al., 2008). Also, the lack of awareness by nurse educators of the unique needs of male learners and a lack of gender neutrality in nursing textbooks was also observed (Scriber, 2008).

As to the age, majority (65%) of the nurses are 20 to 25 years old, with 32% under the 26 to 30 years old bracket and only three percent (3%) of them are 31 to 35 years old. The findings showed that the majority of the respondents belong to the early adulthood stage of development. According to Robert Havighurst (2017), this is the stage where individuals are getting started in occupation, taking on civic responsibility and acquiring a set of values and an ethical system as a guide to behavior (Ortega, 2015).

Regarding the employment status, 70% of the respondents are on regular status while 30% are on probationary status. Due to the increase of demands of nurses, there is a noticeable fast turnover of nurses. According to an RN4CAST-study, older nurses have higher intention to leave the profession than younger nurses (Heinen et al., 2013), thus making the promotion faster.

On the highest level of educational attainment; the majority (91%) of the nurses have completed the Bachelor of Science in nursing degree while only a few (9%) have taken and obtained their master's degree. According to Rolls (2005), knowledgeable nurses are proficient in looking for a solution to health dilemmas more carefully, punctually and competently than anyone, hence clients were offered the most promising care. In the study, there were group of 42 students who obtained postgraduate critical care course stated that there was a development on how they provided care. In an explorative, descriptive study of 23 Master students, 67% testified that they had an improvement in rendering care because they adapted new teachings of their studies and this proposes that there was a significant link between postgraduate education and practice that is defended by several studies about the profession. Moreover, a nurse with a postgraduate degree in nursing had an advantage to the profession for they had acquired a broader, more inquisitive attitude to their accountabilities; the evidence-based care they render and that they are a better supporter to the new graduate participant (Rolls, 2005).

When it comes to the years of working experience, most of the respondents (39%) have 2 to 3 years of experience, followed by 35% with one year and below, 17% with 4-5 years, and a few (9%) staff nurses with six years and more nursing practice. The experience and proficiency are interconnected but with varied perceptions. As cited by Benner (1984), "both time in practice and self-reflection allow preconceived notions and expectations to be confirmed, refined, or disconfirmed in real circumstances" (Benner, 1984). Merely encountering patient conditions and situations is not experience; rather, experience involves nurses reflecting on encountered circumstances to refine their moment-to-moment decision making at an unconscious, intuitive level (Benner, 1984; Benner & Tanner, 1987).

According to studies, "experience is a necessary but not sufficient condition for expertise and not all experienced nurses are experts" (Christensen & Hewitt-Taylor, 2006). For example, Benner's study found that the number of years on the job in the similar situations might create competence; nevertheless, the years and occurrence of events and interactions does not automatically mean expert status (Benner, 1987).

**Objective 2:** To determine attitudes of nurses toward research.

Table 2

*Attitude towards Nursing Research in terms of Interest and Environment Support*

INTEREST AND ENVIRONMENTAL SUPPORT	Mean	Standard Deviation	Verbal Description
I would like to conduct research.	2.91	0.683	Agree
I would like to put research high on my list of priorities	2.54	0.642	Agree
I believe my place of employment would provide me with ample assistance during the research process.	2.93	0.655	Agree
I believe my place of employment would provide me with ample consultative assistance for conducting research.	2.92	0.597	Agree
My supervisor would allow time in my daily assignment to conduct research.	2.65	0.687	Agree
I know what is expected of me when submitting my research proposal to the hospital nursing research committee.	2.84	0.631	Agree
I am familiar with selected statistical procedures used for the analysis of research findings.	2.83	0.620	Agree
I believe my job provides the time necessary to conduct research.	2.69	0.720	Agree
My colleagues (other professionals) would encourage me to conduct research.	2.81	0.646	Agree
My peers in nursing would encourage conducting research.	2.80	0.666	Agree
I believe my peers in nursing would assist in conducting research.	2.90	0.594	Agree
My job provides ongoing educational programs in order to conduct research	2.88	0.590	Agree
I believe my working environment provides ample opportunity to conduct research.	2.85	0.575	Agree
I believe my place of employment has ample secretarial assistance for anyone wishing to conduct research.	2.62	0.647	Agree
I believe my place of employment has ample assistance for anyone for the analysis of results and findings of the research that is conducted.	2.75	0.711	Agree
I believe my place of employment has ample statistical assistance for anyone wishing to conduct research	2.72	0.657	Agree
Nursing research requires more from me than I am willing to give to my job.	2.95	0.711	Agree
Nursing research is more essential in the medical setting than in the psychiatric setting.	2.90	0.609	Agree
Time spent giving patient care is more important than time spent conducting research.	3.15	0.703	Agree
I am interested in conducting research.	2.94	0.716	Agree
Nursing research should be initiated by someone more knowledgeable	2.88	0.616	Agree
<b>TOTAL</b>	<b>2.83</b>	<b>0.651</b>	<b>Agree</b>

Legend:

Scale	Range	Verbal Description	Interpretation
4	3.50-4.00	Strongly Agree	Very Positive Attitude
3	2.5-3.49	Agree	Positive Attitude
2	1.50-2.49	Disagree	Negative Attitude
1	1.00-1.49	Strongly Disagree	Very Negative Attitude

Table 2 presents the interest of nurses and the environmental support to conduct research. All the respondents agree with the statement in terms of interest and environmental support attitudes as indicated by the overall mean of 2.83. The highest mean (3.15) falls on the statement “Time spent giving patient care is more important than time spent conducting research.” The finding reveals that the nurses prioritize patient care more than conducting research. According to the American Nurses Association, the nurse’s primary commitment is to the patient, whether an individual, family, or community. According to the study of Snelgrove (2011), their data also depicted that research demands more from the nurses than their jobs. In addition, there is an expectation that the role of the nurse, whether staff or advanced practice, is focused on clinical practice and research activities are not emphasized or often appreciated (Snelgrove, 2011).

On the other hand, the lowest mean falls on the statement “I believe my place of employment has an ample secretarial assistance for anyone wishing to conduct research”. This means that the respondents do not see that the workplace provide any secretarial assistance to those who are willing to conduct research.

According to Laschinger (2012), several studies of new nursing graduates have found that this cohort enters the workforce anticipating a workplace that will support them in their endeavors to provide high-quality care congruent with the fundamental values of nursing (Laschinger, 2012). In addition, new graduates seek employment situations that support their continued learning through orientation programs, internships, apprenticeships, laddering and supernumerary positions that improve their confidence and competence and refine their clinical skills (Prize et al., 2017).

Table 3

*Attitude in terms of Pay Off and Benefits*

PAY OFF AND BENEFITS	Mean	Standard Deviation	Verbal Description
Nursing research is conducted because it allows nurses to be promoted.	2.81	0.787	Agree
The informed consent necessary for employee participation in research prevents me from conducting research in my work areas.	2.95	0.625	Agree
I would conduct research if I had the time.	2.96	0.618	Agree
I would conduct research if I knew how to write the proposal, conduct and analyze the results and findings.	3.09	0.570	Agree
Research findings that are advantageous to good patient care can be implemented in my working environment.	3.21	0.555	Agree

Table 3 Continued

PAY OFF AND BENEFITS					
			Mean	Standard Deviation	Verbal Description
Nursing research is the means whereby the theoretical basis for nursing practice is derived.			3.20	0.586	Agree
Members of the treatment team other than nurses should conduct research relative to patient care.			3.23	0.566	Agree
I would like to conduct a study of a problem in patient care			3.13	0.525	Agree
I would conduct research if patient assignments were lightened.			3.07	0.590	Agree
Nursing research should be initiated by nurses in the clinical area.			3.10	0.559	Agree
Nurses would conduct more research if more funds were available for them to use for this purpose.			3.37	0.597	Agree
Nurses receive praise from their peers and colleagues when they conduct research.			3.01	0.594	Agree
Nurses would conduct research if they were provided time for research.			3.23	0.583	Agree
Nurses would conduct research if relief time were given to conduct research.			3.17	0.532	Agree
I would do research if I knew more about it.			3.08	0.597	Agree
Nurses are criticized too much by their peers when they conduct research.			2.52	0.758	Agree
I believe that I would conduct research if someone would help me in the process.			3.12	0.573	Agree
		<b>Overall Mean</b>	<b>3.06</b>	<b>0.600</b>	<b>Agree</b>

Legend:	Scale	Range	Verbal Description	Interpretation
	4	3.50-4.00	Strongly Agree	Very Positive Attitude
	3	2.5-3.49	Agree	Positive Attitude
	2	1.50-2.49	Disagree	Negative Attitude
	1	1.00-1.49	Strongly Disagree	Very Negative Attitude

Table 3 shows the attitude of nurses towards pay off and benefits in conducting nursing research. All of the respondents agree with statement in terms of Pay Off and Benefits attitude as indicated by the overall mean of 3.06. The highest mean (3.23) that falls on the statement “Nurses would conduct more research if more funds were available for them to use for this purpose.” The finding reveals that nurses would conduct more research if they are given more funds for the research purposes. According to Black et al. (2015), Research demonstrates that the most important factor related to nurses’ EBP is support from their employing organizations to use and conduct research (Black et al., 2015).

On the other hand, the lowest mean (2.52) falls on the statement “Nurses are criticized too much by their peers when they conduct research.” This means that the respondents do not see that nurses are criticized by their peers when they conduct research. However, a study stated that some staff nurses that are employed in facilities where support from colleagues is difficult because of all activities requiring compensation (Lewis et al., 2014).

Table 4

*Attitude in terms of Barriers to Conducting Research*

BARRIER TO CONDUCTING RESEARCH	Mean	Standard Deviation	Verbal Description
The process of submission of the research proposal to the hospital nursing research committee is too detailed.	2.82	0.609	Agree
The informed consent necessary for patient participation prevents me from conducting research in my work areas.	2.78	0.660	Agree
I have the skills and knowledge necessary for me to conduct research	3.00	0.531	Agree
I believe my place of employment has ample statistical assistance for anyone wishing to conduct research	2.75	0.657	Agree
Nursing research should be initiated by nurses in education.	3.06	0.565	Agree
Nursing research should be conducted by nurses with a doctorate	2.68	0.919	Agree
Nursing research should be conducted by nurses with a Master's degree.	2.59	0.865	Agree
Patient participation in nursing research is difficult to obtain.	2.71	0.655	Agree
Overall Mean	<b>2.80</b>	<b>0.682</b>	<b>Agree</b>

**Legend:**

Scale	Range	Verbal Description	Interpretation
4	3.50-4.00	Strongly Agree	Very Positive Attitude
3	2.5-3.49	Agree	Positive Attitude
2	1.50-2.49	Disagree	Negative Attitude
1	1.00-1.49	Strongly Disagree	Very Negative Attitude

Table 4 presents the attitudes of nurses towards nursing research according to respondents in terms of barriers to conducting research. All the respondents agree with statements in terms of barriers to conducting research attitudes as indicated by the overall mean of 2.80. The highest mean (3.06) that falls on the statement "Nursing research should be initiated by nurses in education". The finding reveals that nurses believe that nursing educators are the ones who will initiate nursing research. According to the study of Milner (2005), their data reported that majority has agreed that nurses in the academics are more likely to conduct research and that educators showed significantly higher research use than both staff nurses and managers and that the research utilization behaviors of clinical nurse educators enable them to make evidence-based nursing practice (Milner, 2005).

On the other hand, the lowest mean (2.59) falls on the statement "Nursing research should be conducted by nurses with a Master's degree". This means that they do not see that research should not be conducted by a master's degree holder. According to the study of Snelgrove et al. (2011), research education for graduate nurses and midwives in the United Kingdom (UK) was found to be a main

determinant of research engagement in practice. In fact, UK graduates wanted increased opportunities for conducting research to maintain their research knowledge and skills and although they held strong intentions to conduct research they were often discouraged by lack of institutional and cultural support (Snelgrove et al., 2011).

**Objective 3:** To determine the difference in the attitudes of nurses towards research in terms of interest and environmental support, pay off and benefits and barriers to conducting research result when grouped according to their demographic profile.

Ho: There is no significant difference of attitude of nurses towards nursing research terms of interest and environmental support, pay off and benefits, barriers to conducting research and to their demographic profile.

Table 5

*Test of the difference on Interest and Environmental Support Attitude when the respondents are grouped according to profile*

INDICATORS		MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT
Gender	Male	2.87	Agree	T Calculated Value = 0.63
	Female	2.82	Agree	Degrees of freedom = 40
				P-values = 0.534
				Conclusion = T Calculated Value < T Critical Value
				Interpretation = Not Significant
				<b>F-TEST RESULT</b>
				<b>F Calculated Value = 4.23</b>
				Degrees of freedom = 2 ; 97
				<b>P-values = 0.017</b>
				Conclusion = F Calculated Value > F Critical Value
			Interpretation = Significant	
			<b>T-TEST RESULT</b>	
			T Calculated Value = -0.37	
			Degrees of freedom = 46	
			P-values = 0.713	
			Conclusion = T Calculated Value < T Critical Value	
			Interpretation = Not Significant	
			Significant	
	<b>Difference</b>	<b>0.05</b>	<b>Agree</b>	
	<b>Overall Mean</b>	<b>2.77</b>	<b>Agree</b>	
	Probationary status	2.81	Agree	
	Regular status	2.84	Agree	
	<b>Difference</b>	<b>-0.03</b>	<b>Agree</b>	



Table 5 Continued

INDICATORS		MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT T Calculated Value = 0.63
College Degree		2.83	Agree	<b>T-TEST RESULT</b>
Master's Degree		2.83	Agree	T Calculated Value = 0.01
<b>Difference</b>		<b>0.00</b>	<b>Agree</b>	Degrees of freedom = 12 P-values = 0.992 Conclusion = T Calculated Value < T Critical Value Interpretation = Not Significant
<b>Years of Experience</b>	less than 1 year to 1 year	2.87	Agree	<b>F-TEST RESULT</b>
	2 to 3 years	2.89	Agree	F Calculated Value = 2.43
	4 to 5 years	2.68	Agree	Degrees of freedom = 3 ; 96
	6 years and more	2.69	Agree	P-values = 0.070 Conclusion = F Calculated Value < F Critical Value Interpretation = Not Significant
	<b>Overall Mean</b>	<b>2.75</b>	<b>Agree</b>	

Table 5 shows the test difference on interest and environmental support attitude when the respondents are grouped according to profile. Based on the result, there is a significant difference in the respondents' interest and environmental support attitude when grouped according to age since the P-value (0.017) is lower than the alpha value (0.05). As such, the null hypothesis is rejected. This means that when it comes to age, the respondents' attitude is more positive to nursing research with nurses who aged 20 to 25 years old among the other age group. A study of Jette et al. (2003), reported that the attitude of younger practitioners with less work experience is more interested compared to older participants with longer years of experience towards research to evidence-based practice (Jette et al., 2003). Also, according to Prof. Anne McMurray study, most nursing academics who began educating nurses during the movement toward Bachelor level entry to practice were challenged and excited about the shift from hospital training and were eager to learn how to combine teaching and research as knowledge workers in a stimulating higher education environment (Mcmurray, 2014).

On the other hand, there is no significant difference in interest and environmental support when grouped according to gender, employment status, educational attainment, and experience.

Table 6

*Test on the difference between Pay off and Benefits Attitude when the respondents are grouped according to profile.*

INDICATORS		MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT
<b>Gender</b>	Male	3.10	Agree	T Calculated Value = 0.79 Degrees of freedom = 66 P-values = 0.432 Conclusion =T Calculated Value<T Critical Value Interpretation = Not Significant
	Female	3.06	Agree	
	<b>Difference</b>	<b>0.04</b>	<b>Agree</b>	
<b>Age</b>	20-25 years old	3.15	Agree	<b>F-TEST RESULT</b> F Calculated Value = 7.15 Degrees of freedom = 2 ; 97 P-values = 0.001 Conclusion =F Calculated Value>F Critical Value Interpretation = Significant
	26-30 years old	2.95	Agree	
	31-35 years old	2.68	Agree	
	<b>Overall Mean</b>	<b>2.92</b>	<b>Agree</b>	
<b>Employment status</b>	Probationary status	3.02	Agree	<b>T-TEST RESULT</b> T Calculated Value = - 0.86 Degrees of freedom = 45 P-values = 0.394 Conclusion =T Calculated Value<T Critical Value Interpretation = Not Significant
	Regular status	3.09	Agree	
	<b>Difference</b>	<b>-0.07</b>	<b>Agree</b>	
<b>Employment status</b>	Probationary status	3.02	Agree	<b>T-TEST RESULT</b> T Calculated Value = - 0.86 Degrees of freedom = 45 P-values = 0.394 Conclusion =T Calculated Value<T Critical Value Interpretation = Not Significant
	Regular status	3.09	Agree	
	<b>Difference</b>	<b>-0.07</b>	<b>Agree</b>	
<b>Educational Attainment</b>	College Degree	3.08	Agree	<b>T-TEST RESULT</b> T Calculated Value = 0.13 Degrees of freedom = 9 P-values = 0.901 Conclusion =T Calculated Value<T Critical Value Interpretation = Not Significant
	Master's Degree	3.06	Agree	
	<b>Difference</b>	<b>0.02</b>	<b>Agree</b>	
<b>Years of Work Experience</b>	less than 1 year to 1 year	3.09	Agree	<b>F-TEST RESULT</b> F Calculated Value =2.29 Degrees of freedom = 3 ; 96 P-values = 0.083 Conclusion =F Calculated Value<F Critical Value Interpretation = Not Significant
	2 to 3 years	3.15	Agree	
	4 to 5 years	2.93	Agree	
	6 years and more	2.97	Agree	
	<b>Overall Mean</b>	<b>3.04</b>	<b>Agree</b>	

Table 6 shows the test difference on pay off and benefits attitude when the respondents are grouped according to profile. Based on the result, there is a significant difference in the respondents' pay off and benefit attitude when grouped according to age since the P-value (0.001) is lower than the alpha value (0.05). Hence, the null hypothesis is rejected. This means that when it comes to age, the respondents' attitude are more inclined with the benefits in research. The study is not among the customary responsibilities of an entry-level nurse, for many nurses are concerned in either direct patient care or organizational aspects of health care (Tingen, 2009). Moreover, Price et al. (2017) reported that early-career nurses seek employment in supportive work nursing environments with a focus on quality patient care. They want to be appropriately rewarded for their efforts and they seek employers that will actively support their transition to practice and assist them to adjust to increased workloads and job demands, for example, through full-time supernumerary positions. Further, in the current environment where continuing education is increasingly the norm across all professions, and nurses are expected to keep their skill sets up-to-date, early-career nurses may expect that their employers will support them in seeking professional development, so as to augment their skills throughout their careers (Price et al., 2017).

On the other hand, there is no significant difference in pay off and benefit when grouped according to gender, employment status, educational attainment and experience.

Table 7

*Test of the difference on Barriers to conducting Research Attitude when the respondents are grouped according to profile*

INDICATORS		MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT
Gender	Male	2.88	Agree	T Calculated Value = 1.09
	Female	2.77	Agree	Degrees of freedom = 43
		0.11	Agree	P-values = 0.283 Conclusion = T Calculated Value < T Critical Value Interpretation = Not Significant
Age	20-25 years old	2.84	Agree	F-TEST RESULT
	26-30 years old	2.72	Agree	F Calculated Value = 0.99
	31-35 years old	2.83	Agree	Degrees of freedom = 2 ; 97
	Overall Mean	2.80	Agree	P-values = 0.375 Conclusion = F Calculated Value < F Critical Value Interpretation = Not Significant

Table 7 Continued

INDICATORS		MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT T Calculated Value = 1.09
<b>Employment status</b>	Probationary status	2.80	Agree	<b>T-TEST RESULT</b> T Calculated Value = 0.02 Degrees of freedom = 53 P-values = 0.984 Conclusion = T Calculated Value < T Critical Value Interpretation = Not Significant
	Regular status	2.80	Agree	
	<b>Difference</b>	<b>0.00</b>	<b>Agree</b>	
<b>Educational Attainment</b>	College Degree	2.80	Agree	<b>T-TEST RESULT</b> T Calculated Value = 0.20 Degrees of freedom = 10 P-values = 0.843 Conclusion = T Calculated Value < T Critical Value Interpretation = Not Significant
	Master's Degree	2.78	Agree	
	<b>Difference</b>	<b>0.02</b>	<b>Agree</b>	
<b>Years of Experience</b>	less than 1 year to 1 year	2.81	Agree	<b>F-TEST RESULT</b> F Calculated Value = 0.14 Degrees of freedom = 3 ; 96 P-values = 0.934 Conclusion = F Calculated Value < F Critical Value Interpretation = Not Significant
	2 to 3 years	2.80	Agree	
	4 to 5 years	2.74	Agree	
	6 years and more	2.82	Agree	
	<b>Overall Mean</b>	<b>2.80</b>	<b>Agree</b>	

Table 7 shows the test difference on the barriers to conducting research attitude when the respondents are grouped according to profile. Based on the result, there is no significant difference in the respondents' barriers to conducting research attitude according to gender, age, employment status, educational attainment and experience.

The study of Yava et al. (2009) found out that nurses' perceived barriers to study usage did not have any significant connection with regards with their demographic characteristics: age, educational level, and clinical experience (Yava et al., 2009). Meanwhile, another study reported no significant relationship between the studied nurses' age, sex and evidence-based practice in his study (Olade, 2004). However, studies posted a significant relationship between nurses' education level towards perceptions of barriers to the use of research findings. Moreover, more than 80% of studied nurses also had a bachelor's degree had similar perceptions of barriers to the research findings utilization, and this caused no association between education level and the in general score of agreement with the continuation of barriers (Veeramah et al., 2004).

These were the responses that were collected as the subjective data based on the Focus Group Discussion of the ten staff nurses. The participants were asked if they want to conduct and that if nursing research findings are the basis for providing quality nursing care, these were the most common answers:

“Yes, research in nursing is fundamental in our practice for it serves as our guidelines in providing care to our patient.”

“Yes, for nursing research findings are verified to be effective in rendering care which we follow so that we can ensure the safety of our patients.”

“The results of research in nursing provide us important skills and knowledge to help us to be a competent health-care provider. Maybe I would do some research.”

Based on the responses, nurses mostly agreed to do research and viewed that nursing research is imperative to the nursing profession for it caters the needs of the patient.

They were also questioned about their availability to conduct research and their knowledge about the research methodology, they had mostly stated that:

“As of the moment, I am much occupied. I am currently reviewing of some other test things.”

“I work twelve hours per shift. I wanted to sleep to replenish my energy during my rest day. I also do not think I can comprehend of the methods of research.”

“I remembered that research was very stressful and expensive. My salary cannot support that I guess.”

According to their responses, they do not have the time to conduct research, the finances and lastly, they are not knowledgeable about the research methodology.

## CONCLUSIONS

Based on the findings of the study, the nurses posted a positive attitude towards nursing research, and according to the qualitative data, they found nursing research as important to providing quality patient care. However, they do not have the adequate assistance and the funds from their institution and that nursing educators are believed to be the one involved in research. The scores revealed that there was a significant difference of interest and environmental support attitude and pay off and benefits attitude when grouped according to age. The remaining had reported no significant difference to the remaining attitude of interest and environmental support, payoff and benefits and barriers to research when grouped according to profile. Indeed, it is imperative to do research in nursing to cater the healthcare issues that will enhance cost effective care, to apply evidence-research based to practice and to put emphasis about the importance of research to the undergrad nursing students to produce many probable nurse researchers in the future.

## RECOMMENDATIONS

From the findings of the study, the following are recommended:

1. To the Department of Health, they should conduct seminars and conferences that highlights the importance of nursing research;
2. To the Hospital's administration and Nursing Service Office, they should aid nurse researchers financially with their study and provide support by arranging flexible time or relief time during data collection; and
3. To the Universities or Colleges and Nurse Educators, they should emphasize the importance and the process of research to nursing students and encourage students to conduct research.

## LITERATURE CITED

- Aiken, L. H. (2008). *Economics of nursing. Policy, Politics & nursing practice*, 9(2), 73–79. <http://doi.org/10.1177/1527154408318253>
- Ajzen, I., & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. *Journal of Experimental Social Psychology*, 22(5), 453-474. doi:10.1016/0022-1031(86)90045-4
- American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Washington DC.
- American Nurses Association. (2000) *Nurse Staffing and Patient Outcomes: In the Inpatient Hospital Setting*. Washington, DC: American Nurses Association
- Babate, F.J. (2012). *Doctoral Programs in the Philippines*. Philippine Nursing News. Retrieved from <http://philippinenursingnews.blogspot.com>
- Black, A.T., Balneaves, L.G., Garossino, C., Puyat, J.H., & Qian, H. (2015). Promoting Evidence-Based Practice through a Research Training Program for Point-of-Care Clinicians. *The Journal of Nursing Administration*, 45(1), 14–20. <http://doi.org/10.1097/NNA.0000000000000151>
- Benner, P. (1982). From Novice to Expert. *AJN, American Journal of Nursing*, 82(3), 402-407. doi:10.1097/00000446-198282030-00004

- Benner, P., & Tanner, C. (1987). Clinical Judgment: How Expert Nurses Use Intuition. *The American Journal of Nursing*, 87(1), 23. doi: 10.2307/3470396
- Cooper, R.A. (2004). Scarce physicians encounter scarce foundations: A call for action. *Health Affairs*. 23(6):243–249
- Christensen, M., & Hewitt-Taylor, J. (2006). From expert to tasks, expert nursing practice redefined? *Journal of Clinical Nursing*, 15(12), 1531-1539. doi:10.1111/j.1365-2702.2006.01601.x
- Donabedian, A. (1988) The quality of care: How can it be assessed? *Journal of American Medical Association*, 260, 1743-1748.
- Donabedian, A. (1992) The role of outcomes in quality assessment and assurance. *Quality Review Bulletin*, 18, 356-360.
- Fisher, M. (1999). Sex Role Characteristics of Males in Nursing. *Contemporary Nurse*, 8(3), 65-71. doi:10.5172/conu.1999.8.3.65
- Grady, P. (2008). The Perfect Storm: *Patient Safety and Nursing Shortages within the Context of Health Policy and Evidence-Based Practice* (Vol. 57, Issue 1). Michigan. doi:10.1097/01.NNR.0000280650.76191.ab
- Halabi, J., & Hamdan- Mansour, A. (2012). Attitudes of Jordanian nursing students towards nursing research. *Journal of Research in Nursing*. 17. 363-373. 10.1177/1744987110379782.
- Jette, D.U., Bacon, K., Batty, C., Carlson, M., Ferland, A., & Hemingway, G.D. (2003). Evidence-based practice: Beliefs, attitudes, knowledge, and behaviors of physical therapists. *J Am Phys Ther*. 83:786–805.
- Laschinger, H.K.S. (2012). Job and career satisfaction and turnover intentions of newly graduated nurses. *J. Nurs. Manag.* 20, 472–484
- Lewis, L.S., McNett, M., Aucoin, J., Riemen, K., Yeager, S., et al. (2014) *Barriers to Conducting Multicenter Nursing Research*. *J Nurs Care* 3:154. doi:10.4172/2167-1168.1000154

- McMillan, M., & Conway, J. (2003). *Using Research and Education to Change Practice Australian journal of Advanced Nursing*. 20 (3):5
- Mcmurray, A.M. (2014). Anticipating and Reframing the Future of Nursing Practice, Education and Research. HNE Handover: *For Nurses and Midwives*, [S.l.], v. 7, n. 1, may. ISSN 2201-179X
- Milner, F. M., Estabrooks, C., & Humphrey, C. (2005). Clinical nurse educators as agents for change: increasing research utilization. *International Journal of Nursing Studies*, 42(8), 899-914. doi:10.1016/j.ijnurstu.2004.11.006
- Parahoo, K. (2014). *Nursing research: Principles, process and issues*. Basingstoke: Palgrave Macmillan.
- Polit, D. F., & Beck, C. T. (2004). *Study guide to accompany Nursing research: principles and methods*. Philadelphia, PA: Lippincott Williams & Wilkins
- Price, S., & Reichert, C. (2017). The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span. *Administrative Sciences*, 7 (4), 17. doi:10.3390/admsci7020017
- Rolls, S. (2005). *Removing the barriers to nursing education*. NZ Nurs.10(11): 26.
- Scriber, M. B. (2008). *Warming the nursing education climate for traditional-age learners who are male*. Retrieved January 15, 2018, from [https://www.thefreelibrary.com/Warming the nursing education climate for traditional-age learners...-a0185165773](https://www.thefreelibrary.com/Warming+the+nursing+education+climate+for+traditional-age+learners...-a0185165773)
- Tingen, M. S., Burnett, A. H., Murchison, R. B., & Zhu, H. (2009, March). *The Importance of Nursing Research*. Retrieved January, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3677814/>
- Veeramah, V. (2004). *Utilization of research findings by graduate nurses and midwives*. J Adv Nurs. 47:183–91



Wadman, W. *Staff nurses' attitudes and perceptions toward nursing research.*

Retrieved January 15, 2018, from <http://collections.mun.ca/cdm/ref/collection/theses3/id/58923>

Yava, A., Tosun, N., Ciçek, H., Yavan, T., Terakye, G., & Hatipoglu, S. (2009) *Nurses' perceptions of the barriers to and the facilitators of research utilization in Turkey.* Appl Nurs Res.22:166–75