

Evidence-based nursing: Best practices from your peers

Executive summary

HCPro, Inc., recently conducted a survey among 48 nursing professionals in the healthcare industry about their practices, challenges, and solutions related to evidence-based nursing. The results presented in this report demonstrate a growing focus on evidence-based practice (EBP) across healthcare organizations of various sizes in acute care, critical access, long-term care, ambulatory, home health, and rehabilitation settings.

Although the data reported in this document do not dissect the particulars at any one institution, it is a comprehensive representation of the efforts devoted by your peers to support the clinical and professional nursing work environment with best evidence derived from current literature and research.

The results of this survey show that although nursing is making significant strides in supporting practice with best evidence, there remains room for development, as indicated by the nearly 30% of respondents who have yet to initiate a culture of EBP. Those who are practicing evidence-based nursing mostly rely on their bedside nurses and the results from their quality data to develop and investigate practice questions.

When it comes to challenges, the most common barrier to implementing EBP across settings is staff nurses' claim that they lack enough time to engage in evidence-based nursing. Fortunately, respondents have met success by employing myriad programs and activities to generate enthusiasm among staff nurses and recognize the importance of providing adequate resources to support their nurses' efforts.

Demographics

The section that follows provides an overview of the demographic data provided by participants. From organizational setting and type to percentage of BSN-prepared nurses, these data help frame the information shared by respondents throughout this report.

The majority of respondents work in urban teaching facilities in the acute care setting. There is no representation from rural organizations in the ambulatory and home health settings or community teaching organizations in the home health and rehabilitation settings, as depicted in the bar graph below.

Figure 1

	Rural	Community teaching	Community nonteaching	Urban teaching	Urban nonteaching
Acute care	20%	23%	11%	29%	17%
Critical access	36%	9%	18%	18%	18%
Long-term care	27%	9%	27%	18%	18%
Ambulatory	0%	10%	60%	20%	10%
Home health	0%	0%	33%	33%	33%
Rehab	17%	0%	17%	33%	33%

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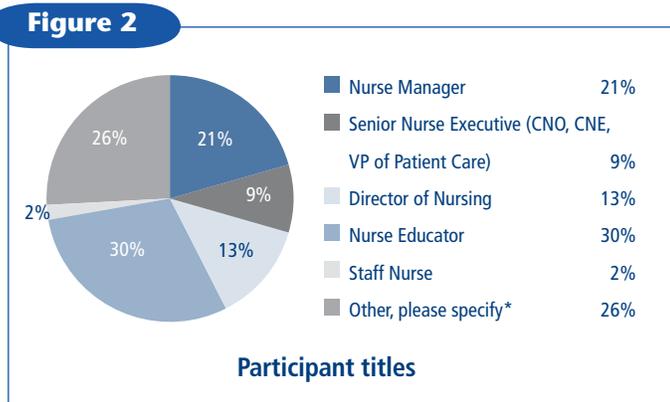
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Participant titles

The 48 respondents ranged from staff nurses to nurse educators to senior nurse executives. Here's the breakdown by title:



* Titles included in the category labeled "Other" include:

- ▶ Quality Improvement and Training Professional
- ▶ CNS
- ▶ ANCC Magnet Recognition Program® Project Coordinator
- ▶ Service Excellence/Performance Improvement Coordinator
- ▶ Professional Development Coordinator
- ▶ Director of Nursing Education and Research
- ▶ Director of Education and Staff Development

- ▶ Quality/Risk Manager
- ▶ Director of Case Management

How many RNs does your organization employ and what percentage of your nursing staff is BSN-prepared?

According to the results, most participants (31%) employ more than 500 nurses, and at the majority of these organizations, 31%–60% of the nursing staff is BSN-prepared. Twenty-three percent of respondents employ fewer than 50 nurses, and at the majority of these institutions, 15% or less of the nursing staff are BSN-prepared. For two participants, 75%–100% of their nursing staff are BSN-prepared. These results reflect the increasing emphasis throughout the industry on career advancement and the pursuit of higher education by today's professional nurse. Refer to the chart below to compare the number of staff nurses to the percentage of those who have earned a BSN.

Is your nursing staff unionized?

When it comes to unionization, the majority (75%) of respondents are not unionized. Only 21% are unionized, and 4% are not currently unionized but are moving in that direction.

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Figure 3

Number of RNs employed by organization

% of RNs with BSNs	Fewer than 50	51–100	101–200	201–300	301–400	401–500	More than 500
0–15%	54.50%	66.70%	40.00%	16.70%	0.00%	0.00%	0.00%
16%–30%	9.10%	33.30%	40.00%	16.70%	50.00%	33.30%	20.00%
31%–45%	27.30%	0.00%	0.00%	33.30%	25.00%	66.70%	40.00%
46%–60%	0.00%	0.00%	0.00%	16.70%	25.00%	0.00%	40.00%
61%–75%	9.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
76%–100%	0.00%	0.00%	20.00%	16.70%	0.00%	0.00%	0.00%

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Resources

A wide variety of resources are available to staff nurses to support evidence-based nursing projects, including library resources, online databases, university partnerships, and council or committee support.

What resources are available to RNs to support EBP projects?

In the acute care setting, online resources are the most widely available resources in teaching and nonteaching urban facilities, and on-site nursing resources (e.g., APNs, CNSs) are the most widely available resources in rural organizations. In community teaching hospitals, conferences and council or committee support are the top two types of resources available to staff, and in community nonteaching hospitals, the most popular resources available to staff are library, on-site, and online resources as well as conferences.

In the critical access, long-term care, ambulatory, home health, and rehabilitation settings, the resources outlined in the graph below are more evenly accessible to staff than the trends described above in the acute-care realm.

Implementing evidence-based nursing

Many methods exist to integrate EBP into the nursing culture. Although 29% of respondents have yet to initiate a culture of evidence-based practice, successful techniques indicated by participants include incorporation of EBP into the model of shared decision-making, formation of a stand-alone council or committee dedicated to EBP, and the availability of a PhD-nurse researcher on staff. The organizations that have not initiated EBP span each of the settings surveyed in this report.

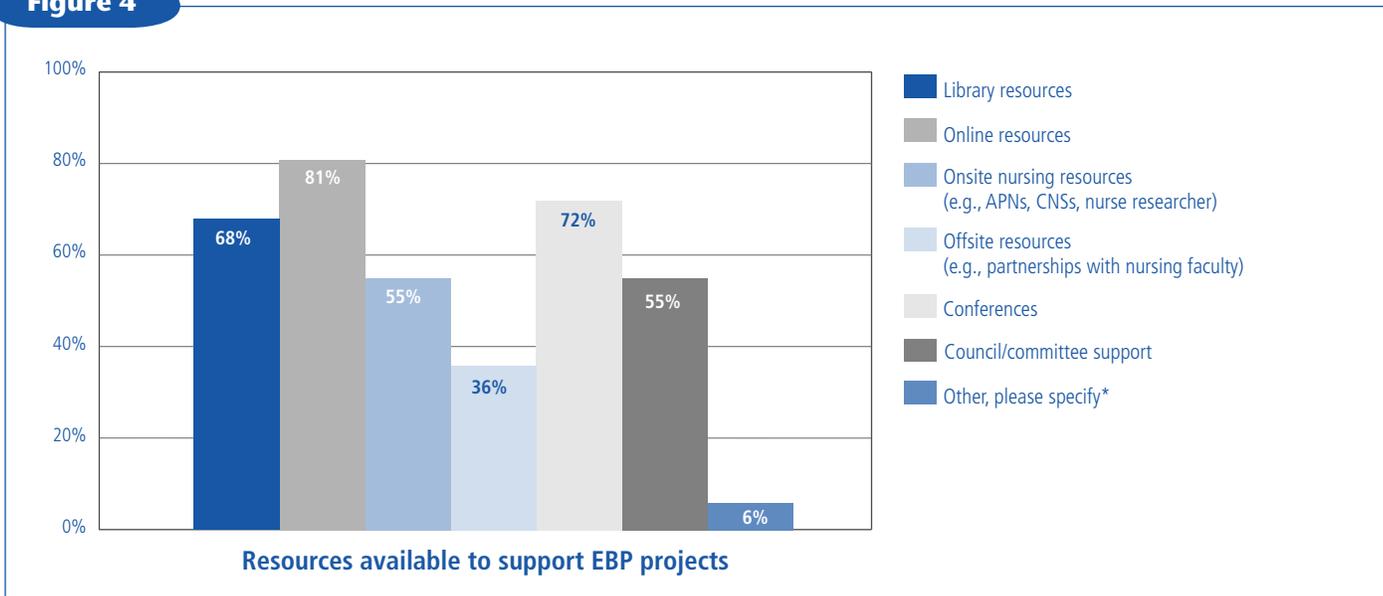
What steps has your organization taken to implement EBP?

In acute care settings, the top two methods of initiating EBP are incorporating it into the model of shared decision-making and forming a stand-alone council or committee dedicated to EBP.

In long-term care settings, our participants organize journal clubs, incorporate it into their shared decision-making structure, or have a PhD-nurse researcher on staff.

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Figure 4

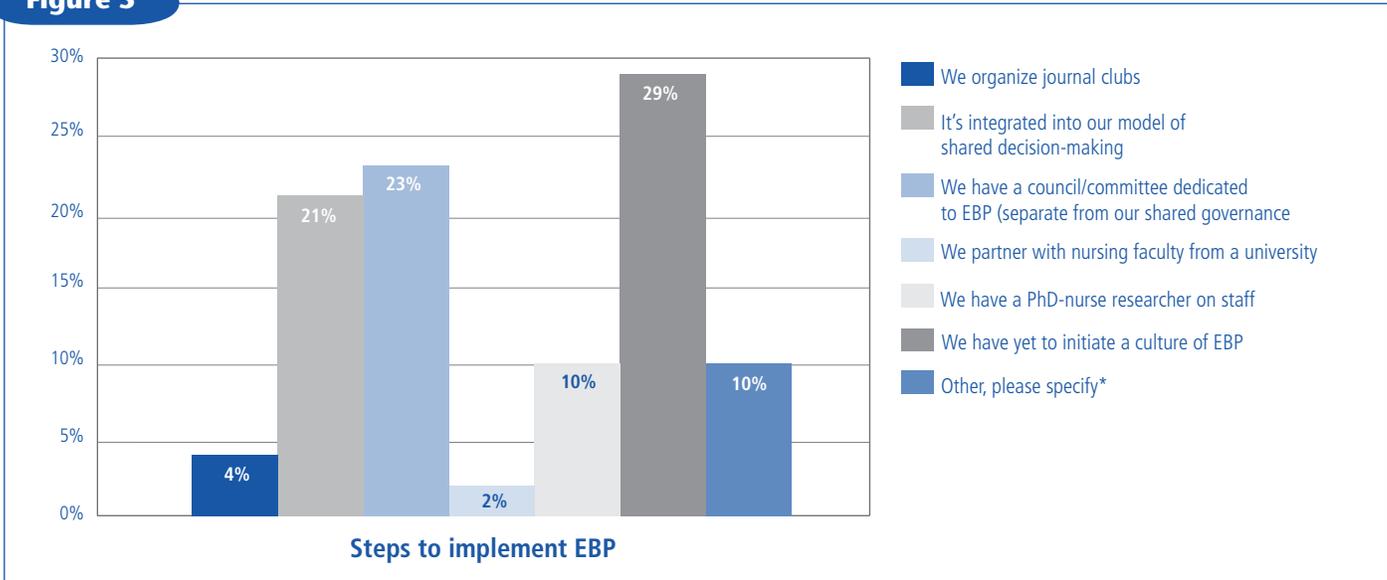


*Other resources available to support EBP include the PI department and administrative support.

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Figure 5



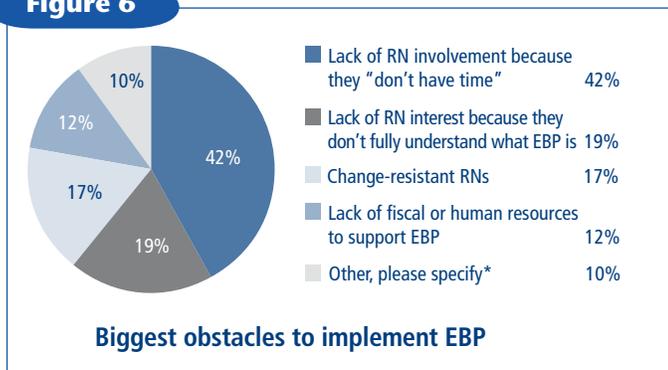
* Responses include literature searches, integration into new practices, incorporation into a nursing practice model, and quality manager research on specific topics.

What have you found to be the single biggest obstacle to your efforts to implement EBP?

Regardless of size or setting, the challenges to embedding EBP into the nursing work environment are quite similar across healthcare organizations.

At the top of the list, with 42% of the responses, is “lack of RN involvement resulting from time constraints.”

Figure 6



* Responses include lack of access to the latest literature/research, lack of leadership support and vision for EBP, foreign nurses, and no challenges as nurses are extremely excited about EBP.

This is followed by “lack of interest because they don't fully understand what EBP is.”

Seventeen percent of respondents reported that the biggest challenge to implementing EBP into the nursing work environment was due to nursing staff members who are resistant to change. Lack of financial and HR support was also a significant challenge affecting facilities' efforts to embed EBP into their culture.

These challenges present facilities with opportunities to define evidence-based nursing and clearly show how nurses benefit from such practice. As you'll see in the next section, many methods exist to energize and educate staff members about EBP.

What strategies have helped you overcome your obstacles?

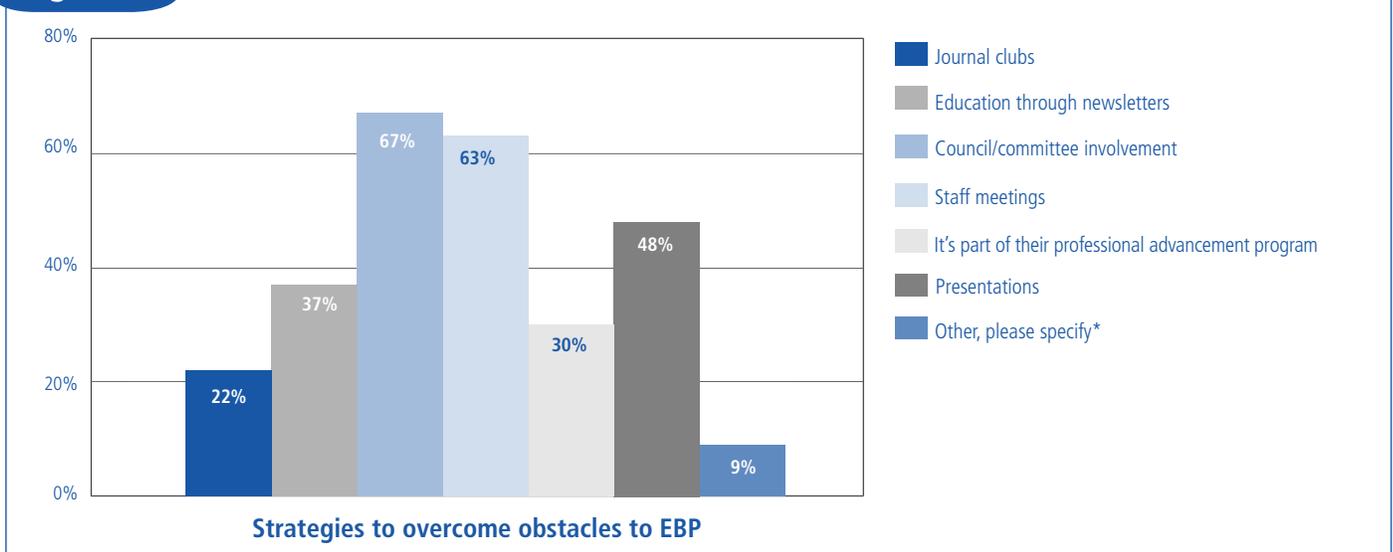
In relation to the biggest obstacles, organizations employ techniques such as council or committee involvement, staff meetings, and presentations to spark interest in and support for evidence-based nursing.

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Figure 7



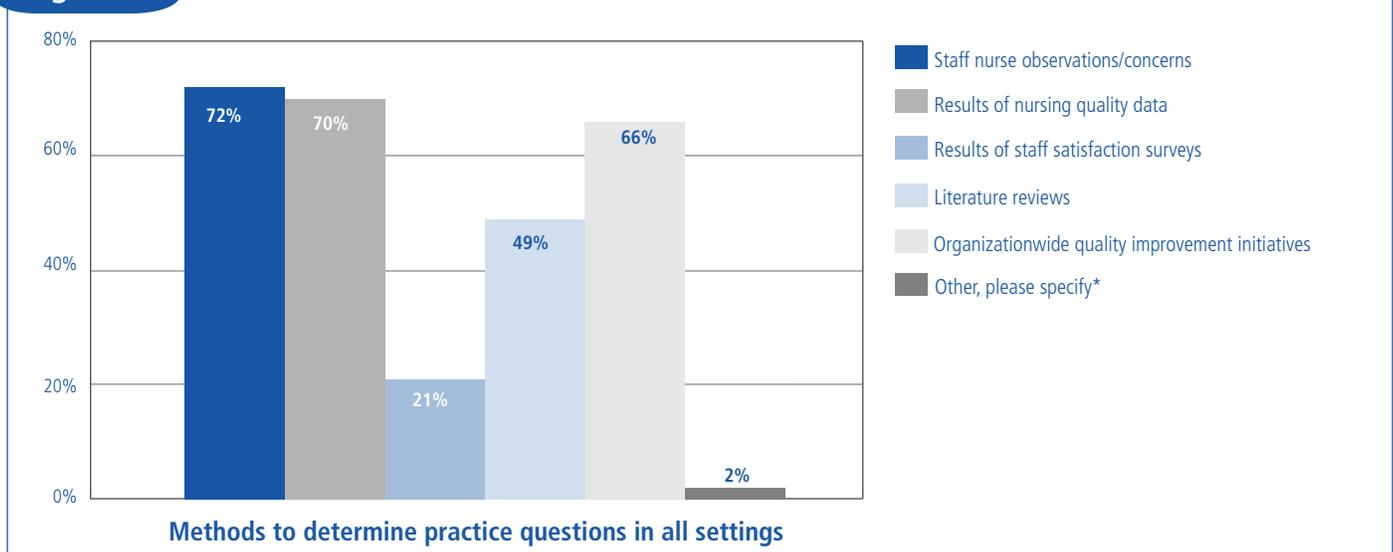
* Responses include developing unit-based nursing research teams, integrating EBP into policy and procedure review, conducting research studies, and organizing an annual symposium.

What methods do you use to determine a practice question/project to research?

Staff nurses must be active participants in identifying clinical questions that can be solved or addressed with evidence-based practice, and the results of our survey correlate to this notion.

The majority (72%) of practice questions or projects to address stem from staff-nurse observations and concerns, closely followed by results of nursing quality data. Here's a look at the breakdown of overall survey results followed by results specific to acute care settings:

Figure 8



* Response includes use of prioritization scale in council meetings.

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Figure 9

Acute care setting						
Methods used to determine practice questions	Total	Rural	Community, teaching	Community, nonteaching	Urban, teaching	Urban, nonteaching
Staff nurse observations/concerns	76.5%	100.0%	75.0%	75.0%	77.8%	50.0%
Results of nursing quality data	73.5%	85.7%	87.5%	50.0%	66.7%	66.7%
Results of staff satisfaction surveys	20.6%	57.1%	12.5%	0.0%	11.1%	16.7%
Literature reviews	52.9%	57.1%	37.5%	50.0%	66.7%	50.0%
Organizationwide quality improvement initiatives	70.6%	85.7%	87.5%	50.0%	33.3%	100.0%

Outcomes of evidence-based nursing

Success in completing an evidence-based nursing project can be measured by whether a change in practice occurs as a direct result of the project. According to our survey, 67% of respondents indicate that their facilities have conducted an evidence-based project resulting in a practice change, and 33% indicate that no changes in practice have resulted from evidence-based practice projects.

Does the percentage of BSN-prepared staff affect the number of EBP projects resulting in a practice change?

Below is a chart that compares the number of BSN-

prepared nurses to the number of practice changes brought about by evidence-based projects.

In this survey, it does not appear that the number of practice changes resulting from EBP projects increases as the number of BSN-prepared nurses increases.

However, results do show that the majority of organizations that have not conducted an evidence-based project resulting in a practice change have the fewest number of BSN-prepared nurses.

Results indicate that the majority of practice changes occur in organizations that employ between 31% and 45% of BSN-prepared nurses.

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Figure 10

Percentage BSN-prepared RNs							
Has your facility conducted an evidence-based project that resulted in a practice change?	Total						
	100.0%	0–15%	16%–30%	31%–45%	46%–60%	61%–75%	76%–100%
Yes	67.4%	27.3%	60.0%	78.6%	100.0%	100.0%	100.0%
No	32.6%	72.7%	40.0%	21.4%	0.0%	0.0%	0.0%

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What, if any, EBP projects have you initiated or successfully completed?

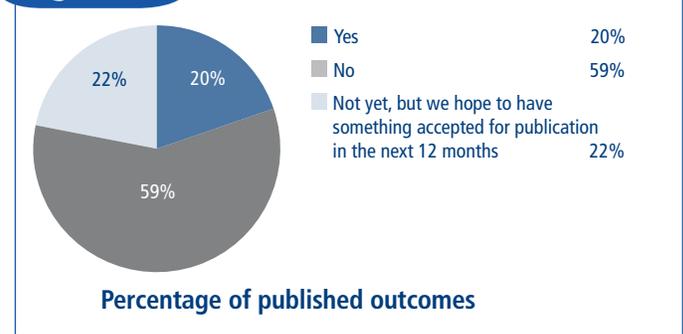
We received 39 responses to this question, with some respondents listing multiple projects. The most common EBP project conducted among participants was one that focuses on reducing ventilator-acquired pneumonia, and the second most commonly cited EBP project was the implementation of rapid response teams. Improvements in diabetic care, including insulin protocols and follow-up, were also frequent EBP project areas.

Here is the complete list of EBP projects:

- ▶ Reduction of ventilator-acquired pneumonia
- ▶ Initiated reduction in medication errors
- ▶ Reduction in hyperthermic injuries in the OR
- ▶ Insulin protocol
- ▶ Treatment of diabetic patients
- ▶ Consistent diabetic care follow-up
- ▶ Use of reiki therapy
- ▶ Falls protocol
- ▶ Skin care protocol
- ▶ Daily changes of urinary leg bags
- ▶ Insulin pen usage/phenergan policy change
- ▶ Verification of nasogastric/feeding tube placement
- ▶ Decreasing procedural pain at bedside
- ▶ Reduction in pressure ulcers
- ▶ Institute for Healthcare Improvement intervention bundles, vaccine protocol
- ▶ Intrathecal vs. epidural pain control during labor
- ▶ Timely pediatric vaccines
- ▶ Surgical infection prevention
- ▶ Postop hypothermia management
- ▶ Increase in caregiver confidence
- ▶ Reduction of urinary tract infections
- ▶ Central line bundles
- ▶ Tobacco cessation rate decrease by 20%

Have the results or process of any part of an evidence-based project at your facility been published (e.g., in a nursing journal)?

Figure 11



Conclusion

EBP helps nurses provide high-quality patient care based on research and knowledge rather than because “this is the way we have always done it,” or based on traditions, myths, hunches, advice of colleagues, or outdated textbooks.

Research has produced evidence to show that most nurses provide care in accordance with what they learned in nursing school and rarely use journal articles, research reports, and hospital libraries for reference (Pravikoff, Tanner, & Pierce 2005). That finding, combined with the fact that the average nurse is more than 40 years old, makes it apparent that many nurses’ knowledge is probably outdated. Practice based on such knowledge does not translate into quality patient care or health outcomes. EBP provides a critical strategy to ensure that the provision of care is up to date and that it reflects the latest research evidence. ■

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- Beyea, S. & Slattery, M. (2006). *Evidence-Based Practice in Nursing: A Guide to Successful Implementation*. Marblehead, MA: HCPro, Inc.
- Pravikoff, D.S., Tanner, A.B., & Pierce, S.T. (2005). “Readiness of U.S. nurses for evidence-based practice.” *American Journal of Nursing*, 105(9), 40–51.

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