



Review

Barriers and facilitators of nurses' use of clinical practice guidelines: An integrative review



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ABSTRACT

Background: Preventable harm continues to be one of the leading causes of patient death. Each year about 400,000 patients die from sepsis, hospital acquired infections, venous thromboembolism, and pulmonary embolism. However, as shown in the recent reduction in hospital acquired infections, the number of deaths could be reduced if healthcare providers used evidence-based therapies, which are often included in clinical practice guidelines (CPGs).

Purpose: The purpose of this integrative review is to appraise and synthesize the current literature on barriers to and facilitators in the use of clinical practice guidelines (CPGs) by registered nurses.

Design: Whittemore and Knafl integrative review methodology was used. Primary quantitative and qualitative studies about the nurses' use of CPGs and published in peer-reviewed journals between January 2000 and August 2015 were included.

Methods: The Critical Skills Appraisal Program (CASP) was used to critically appraise the quality of sixteen selected quantitative and qualitative studies.

Results: Internal factors were attitudes, perceptions, and knowledge whereas format and usability of CPGs, resources, leadership, and organizational culture were external factors influencing CPG use.

Conclusion: Given each barrier and facilitator, interventions and policies can be designed to increase nurses' use of CPGs to deliver more evidence based therapy. In order to improve the use of CPGs and to ensure high quality care for all patients, nurses must actively participate in development, implementation, and maintenance of CPGs.

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What is already known about the topic?

- Clinical practice guidelines are designed to standardize treatment plans and help healthcare providers to make informed clinical decisions.

- The adherence rate of clinical practice guidelines is not always at its optimal level.
- Nurses face various barriers and facilitators in the use of clinical practice guidelines.

What this paper adds

- This review examines the various internal and external factors related to barriers and facilitators of the use of clinical practice guidelines for nurses.
- Nurses cited attitudes, perceptions, and knowledge areas as more common internal factors.

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- Nurses also cited the format and usability of clinical practice guidelines, resources, leadership, and organization as the external factors.
- Identifying and understanding barriers and facilitators in the use of clinical practice guidelines is the first step in developing and implementing strategies to increase the use of clinical practice guidelines.

1. Integrative review: barriers and facilitators of nurses in their use of clinical practice guidelines

Preventable harm, most commonly defined as “a harm with an identifiable and modifiable cause” (Nabhan et al., 2012, p. 5), continues to be one of the leading causes of death; each year about 400,000 patients die from sepsis, hospital acquired infections, venous thromboembolism, and pulmonary embolism related to lapses in care (Andel et al., 2012; James, 2013). These instances of preventable harms cost the United States one trillion dollars per year or about one third of annual healthcare spending (Park et al., 2009; Wachter et al., 2013). In an effort to reduce these preventable harms, agencies such as the Agency for Healthcare Research and Quality have funded several projects including the Prevention of Health Care-Associated Infections with a focus on the use of evidence-based practice guidelines? (Agency for Healthcare Research and Quality, 2014). The use of clinical practice guidelines is one of the key ways to apply evidence-based practice to clinical settings (Pronovost, 2013).

Clinical practice guidelines are evidence-based tools that standardize treatment plans and help healthcare providers make evidence-based clinical decisions (Institute of Medicine, 2011). The guidelines are developed using systematic reviews of literature and analyses of the benefits and risks of different treatment options (Institute of Medicine, 2011; Pronovost, 2013). The potential benefits of using clinical practice guidelines in clinical practice include reduced morbidity and mortality, improved efficiency, cost containment, consistency in practice, and points of reference for healthcare providers (Wolf et al., 1999). For example, concordant care with the unstable angina clinical practice guidelines by healthcare providers showed an improved 1-year survival rate for patients (Giugliano et al., 2000). Also, the use of clinical practice guidelines was associated with improvement in the process and structure of healthcare (Lugtenberg et al., 2009). Despite these benefits, the use of clinical practice guidelines by healthcare providers remains low. Leone et al. (2012) evaluated the use of clinical practice guidelines in intensive care units and found that only approximately 24% of clinical practice guidelines were being used by intensive care unit clinicians. In a systematic review examining the use of a hand hygiene guideline in hospitals, only 40% of providers were adhering to the guideline (Erasmus et al., 2010).

As the largest healthcare provider group (American Association of Colleges of Nursing, 2011), registered nurses (nurses) are involved in every aspect of patient care in healthcare organizations, positioning them at the frontline of healthcare delivery. Nursing care is associated with improved quality of care such as decreasing mortality and

incidents of pneumonia, shock, upper gastrointestinal bleeding (Aiken et al., 1994, 2002), hospital acquired infections (Agency for Healthcare Research and Quality, 2004), adverse drug events, length of stay (Kane et al., 2007), and readmission rates (McHugh et al., 2013). The majority of nurses work in hospitals as direct care providers (Budden et al., 2013), and they are most often responsible for providing care and implementing clinical practice guidelines (Titler, 2008). The high-level of patient interaction provides nurses an advantage in influencing the use of clinical practice guidelines (Ansari et al., 2003). One of the first steps to explore the use of clinical practice guidelines for nurses is to evaluate the barriers and facilitators to their use in clinical practices. This is an important step to ensure the uptake of knowledge and to further implement the use (Graham et al., 2006). The purpose of this integrative review is to critically appraise and synthesize the current literature on barriers and facilitators to nurses' use of clinical practice guidelines.

2. Method

2.1. Literature search

The literature about nurses' use of clinical practice guidelines was searched using a methodology delineated by Whittemore and Knafl (2005). The following databases were used for search: PubMed, the Cumulative Index to Nursing and Allied Health Literature, ProQuest, Medline, also known as Web of Science, and Embase. We performed the initial literature search in March and April 2014, and updated the search in December 2015 and January 2016. The keywords and MeSH terms in Table 1 were determined by existing literature and with a consultation with a health science librarian. We used these search words and MeSH terms with Boolean operators to perform the search.

The inclusion criteria were (1) primary studies of barriers and facilitators to nurses' use of clinical practice guidelines, (2) published in peer-reviewed journals in English, and (3) published between 1995 and 2015. The exclusion criteria were (1) interventions to increase the use of clinical practice guidelines by nurses or other health care providers, (2) studies of advanced practice nurses as the purpose of this integrative review was to identify the specific barriers and facilitators for staff nurses in their use of clinical practice guidelines. A large body of literature examining barriers and facilitators to the use of clinical practice guidelines included mixed samples of different

Table 1
Search words and MeSH terms use for literatures search.

Search words and MeSH terms	Boolean operator
clinical practice guideline(s)	AND
clinical guideline(s)	OR
practice guideline(s)	
evidence based guideline(s)	
barrier	
facilitator	
use	
nurse	
nurs*.	

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