



Evidence-based nursing practice and its correlates among Korean nurses



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ABSTRACT

Aim: The aim of the study was to explore evidence-based nursing practice (EBNP) in Korean and identify factors influencing its implementation.

Background: EBNP is relatively new in Korea, and there is a lack of consistency about the factors that affect EBNP implementation.

Methods: A descriptive correlational and cross-sectional design was employed and a convenience sample of 392 nurses were recruited from two general hospitals. Data were analyzed by using descriptive and inferential statistics.

Results: The overall model significantly explained 17.1% of variance in EBNP implementation. Among the predictors of EBNP implementation, regularly reading research articles, level of searching skills for literature, degree of understanding EBNP, professional autonomy, and EBNP beliefs had statistically significant influences on EBNP implementation.

Conclusion: Findings suggest the necessity for Korean nurses to regularly read research articles, develop greater skills in developing searching research documents, gain clearer understanding of EBNP, EBNP beliefs, and particularly, high level of professional autonomy.

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1. Introduction

Evidence-based nursing practice (EBNP) is the practical application of the best available clinical evidence which is derived from systemic and scientific research findings, regarding the health or nursing problems of the patient, their preferences and values (Ingersoll, 2000). Today the nursing paradigm is shifting from traditional intuition, clinical experience, and pathophysiological rationale to EBNP, which integrates clinical expertise into current best evidence for the patient and clinical circumstances (Salmond, 2007).

EBNP implementation follows a process of formulating questions to search research evidence, obtaining appropriate evidence using various information sources, critically appraising and comparing research evidence, applying research evidence into nursing practice, and evaluating nursing practice based on research evidence (Boström, Ehrenberg, Gustavsson, & Wallin, 2009). Implementing EBNP is considered best practice in health care service and results in improving patients' benefits and outcomes, such as, time interval in initiation of antibiotic therapy for adult patients with febrile neutropenia, and prevention and

treatment among patients with pressure ulcers (Best et al., 2011; Clarke et al., 2005). Nurses as health professionals have an accountability to integrate research evidence into nursing practice in order to implement EBNP (Hart et al., 2008).

However, studies have shown that most nurses use their own knowledge, their colleagues' knowledge, knowledge acquired during nursing education, nursing literature, and guidance from expert personnel, but seldom research evidence (Berland, Gundersen, & Bentsen, 2012; Dalheim, Harthug, Nilsen, & Nortvedt, 2012). Moreover, barriers, such as a lack of time and skills to find, review, and use research evidence, have been found to hinder implementation of EBNP (Dalheim et al., 2012). Research findings also indicate that beliefs about the knowledge and value of EBNP, confidence in implementing this into practice, organizational culture, group cohesion, leader support, and job satisfaction have been associated with its implementation (Aarons, Ehrhart, Farahnak, & Hurlburt, 2015; Melnyk, Fineout-Overholt, Giggelman, & Cruz, 2010; Stokke, Olsen, Espehaug, & Nortvedt, 2014).

Professional autonomy refers to a discretionary decision-making based on nursing evidence with an emphasis on the patient. Nurses who have higher professional autonomy are obligated to take make decisions in an authorized way in their nursing practice, and this is an influencing factor on professionalism (Wade, 1999). Professional autonomy allows nurses to understand patient-centered circumstantial problems; provide improved diagnostic and technical skills; and apply comprehensive and holistic care, all of which can facilitate EBNP implementation, and produce positive patient outcomes (Abad-Corpa et al., 2013; Carryer, Gardner, Dunn, & Gardner, 2007). Some researchers are

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concerned that following standardized guidelines such as EBP (evidence-based practice) could hinder professional autonomy (Magill, 2006). Recently, the issue of professional autonomy has been controversial in the health care system. Crosby (2013) has emphasized that professional autonomy is an integral element in EBP. Moreover, it offers clearer professional identity and authority supporting clinical nursing practice (Caryer et al., 2007). Nevertheless, there is minimal research that has attempted to identify various influencing factors, including professional autonomy, on EBNP implementation, hence this study.

2. Background

The Ottawa Model of Research Use (OMRU) (Logan & Graham, 1998) was developed to stimulate research utilization. The OMRU comprises six elements: the practice environment, potential adopters of evidence, evidence-based innovation, research transfer strategies, evidence adoption, and outcomes. These elements interact with each other through outcomes. Structural and social practice environments, adopters' attitudes and current practice, and adopters' perception of the attributes of innovation process or the innovation itself might encourage or discourage research utilization (Logan and Graham (1998). Implementing strategies that might overcome potential barriers to research utilization could integrate research evidence into clinical nursing practice, and thus ultimately improve patient health-related outcomes. Based on the OMRU, the above authors hypothesized that environmental elements disturbing research utilization and research activity, clinical nurses' attitudes toward EBNP, clinical practice using autonomic decision-making, and their perception of EBNP itself, would be associated with its implementation.

Previous studies report that barriers to research utilization such as lack of time, restricted knowledge understanding statistical analyses, and inadequate organizational support hinder EBNP implementation (Glacken & Chaney, 2004; Koehn & Lehman, 2008; Solomons & Spross, 2011). It is important to understand barriers to research utilization in clinical settings so that successful implementation of EBNP can be achieved (Pallen & Timmins, 2002). Despite the frequent citing of barriers to the use of research in clinical practice (Shifaza, Evans, & Bradley, 2014) these have not yet been investigated in Korea, the site of this study.

Some studies demonstrate that nurses with positive EBNP beliefs and attitude are more likely to utilize research and implement EBNP (Eizenberg, 2011; Koehn & Lehman, 2008; Melnyk et al., 2004, 2010; Milner, Estabrooks, & Myrick, 2006; Ploeg, Davies, Edwards, Gifford, & Miller, 2007). EBNP beliefs signify nurses' cognitive perceptions about the value of EBNP and their ability to implement this in clinical settings. The transtheoretical model (Prochaska & Velicer, 1997) was applied to the field of organizational change, which included recognizing significance of change, in the belief that change can succeed, and have an immediate and vital influence on working conditions (Melnyk, Fineout-Overholt, & Mays, 2008; Melnyk et al., 2004). Using this theory, a relationship was found between EBNP beliefs and EBNP implementation.

In many previous studies, EBNP implementation has been affected by various individual factors such as nurses' education; research activity; skills in finding, understanding and applying various research sources; attitudes towards research; regular reading of research articles; knowledge based on literature; collaboration with colleagues; and technological deficiencies (Clarke et al., 2005; Eizenberg, 2011; Milner et al., 2006; van Achterberg, Schoonhoven, & Grol, 2008).

As EBNP is a relatively new concept in Korea. Our experience has been there is the lack of consistency in influencing factors of EBNP implementation, and mutual recognition has not been universally applied to clinical nurses. To identify the factors promoting EBNP implementation can help health care providers, nurse leaders and educators to develop practical strategies for clinical practice. This study aimed to identify influencing factors of EBNP implementation among Korean nurses. Specific objectives were to:

1. examine differences in EBNP implementation by demographic characteristics, research activity, and EBNP characteristics;

2. explore relationships among professional autonomy, barriers to research utilization, EBNP beliefs, and EBNP implementation; and
3. identify factors influencing EBNP implementation.

3. Method

3.1. Study design

A descriptive correlational and cross-sectional design was used

3.2. Setting and sample

For the convenience sampling clinical nurses at two general metropolitan hospitals in Korea were recruited. Inclusion criteria were registered nurses who were: (a) staff or head nurses with clinical experience > 13 months (b) providing direct nursing care in general wards, intensive care units, emergency room, operative and recovery rooms, or a maternal and child center. Exclusion criteria were working in outpatient department, central supply room, and a quality improvement center.

3.3. Ethical considerations

Approval was obtained from the human research ethics committees of both the two general hospitals and the affiliated university before commencing data collection. All subjects were given written information about the study and informed of their rights: voluntary participation, guarantee of anonymity, and ability to withdraw from the study at any time without penalty. Upon written consents from the subjects, data were collected.

3.4. Measurements

The structured questionnaire was organized with items asking the demographic characteristics, research activity, understanding EBNP, professional autonomy, barrier to research utilization, EBNP beliefs, and EBNP implementation. Demographic characteristics included gender, age, education, hospital scale and overall clinical experience. The questionnaire asking on research activity was composed of 5 items: (1) Do you have experience of research participation as a researcher? (2) Do you have a positive intention about future research participation? (3) Do you regularly read research articles? (4) Do you belong to a nursing academy? and (5) What do you think about the level of searching skill related to research documents?

3.5. Professional autonomy

The Schutzenhofer Professional Autonomy Scale (SPAS) assesses how likely nurses would be to carry out nursing practice through autonomic decision making (Schutzenhofer, 1987), and consists of 30 items rated on a 4-point Likert scale (ranging from 1 = very unlikely to 4 = very likely). Each item is assigned to a weight from 1 to 3. A weight of 1 (10 items), a weight of 2 (10 items), and a weight of 3 (10 items) indicate a low, moderate, and high level of autonomy, respectively. The total score is achieved by summing the weights for all items, with a possible range of 60–240. Scores of 60–120, 121–180, and 181–240 indicate a low, moderate, and high level of professional autonomy, respectively. In a previous study, the Cronbach's alpha for professional autonomy was .92 (Schutzenhofer, 1987). In this study, Cronbach's alpha was .89.

3.5.1. Barrier to research utilization

The BARRIERS scale assesses health care professionals' perceptions of barriers to the utilization of research findings in clinical practice (Funk, Champagne, Wiese, & Tornquist, 1991). The scale consists of 29 items and comprises 4 domains: (1) nurse—8 items indicating nurse's research values, skills, and awareness, (2) setting—8 items indicating organizational barriers and limitations, (3) research—6 items indicating

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