



Clinical Methods

Implementing and Sustaining Evidence Based Practice Through a Nursing Journal Club



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ABSTRACT

Background: The outcomes based emphasis in nursing and health care delivery requires identification of best available evidence in order to produce quality, safe, and effective patient care. Finding, critiquing, and ultimately implementing the best available evidence for practice is a formidable task for many clinical nurses. Development and implementation of a nursing journal club (NJC) became one organization's successful attempt to help clinical nurses better understand and use best available evidence in actual practice.

Methods: The process and structure for the NJC evolved from an additional activity scheduled outside of work to a fully established endeavor of Nursing Research and Evidence Based Practice Council (NR&EBP). The Nursing Professional Practice Model was foundational to establishing the NJC as a formal component within the NR&EBP Council shared governance structure. Efforts to embed the NJC included taking advantage of resources available at an academic medical center and incorporating them into the council structure.

Results: Successful outcomes of the NJC include a quarterly schedule, with topics selected in advance that are based on nursing department as well as organizational driven goals and initiatives. The structure and process in place has eliminated frequently mentioned deterrents to evidence based practice such as not enough time, lack of knowledge, or no immediate application to practice.

Conclusions: Incorporating the NJC as a component of NR&EBP Council has provided clinical nurses time away from clinical care that supports scholarship for nursing practice. Committed leadership and garnering of available resources have been key factors for success.

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1. Introduction

Bringing research to the bedside through evidence based nursing practice has been a refrain used at this Academic Medical Center to embed the concepts into the culture as well as to engage clinical nurses in actual implementation of both research and evidence. The mantra, although well intentioned, has had the unforeseen consequence of obscuring the distinction between research and evidence based practice (EBP) for many nurses. Interlinking the terms was one way to overcome the trepidation that clinical nurses frequently have toward research. The approach also served as an invitation to all levels of nursing regarding the importance they have in promoting scholarly practice for the benefit

of patients. Effectively incorporating evidence into clinical practice requires that nurses have knowledge and resources to identify, appraise, and summarize the available research. Such skills often vary among clinical nurses and the situation is further compounded by institutional barriers whereby EBP or research is deemed secondary because priority is given to patient care (Cadmus et al., 2008).

Broadening nurses' understanding of what constitutes evidence and the relationship to research; and distinguishing between the two concepts without diminishing the quality of the scholarship present obvious challenges in the clinical setting (Boucher, Underhill, Roper, & Berry, 2013; Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012; Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013). Duffy et al. (2015) acknowledged that the gap existing between research knowledge and translating EBP into practice requires creative professional development solutions beyond didactic education. Others (Wilson et al., 2013) have described resourceful academic–service partnerships that provide relevant strategies to engage practicing clinicians in EBP and research. A common theme and frequent conclusion among the reports is that executive nursing leadership plays a significant role in promoting both research and EBP within an organization. However, the enduring question remains how nursing leaders can best determine the balance

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in nurse time away from the bedside for EBP and research learning activities versus clinical care.

These reports provide context for understanding the common challenges faced in advancing EBP in the clinical setting; and offer background for constructing a pragmatic solution to sustain EBP within an organization. This presentation is one organization's journey in development and evolution of a nursing journal club (NJC) that engages nurses in giving attention to evidenced based nursing practice. Highlighted are the structure and process for implementing an NJC and the resulting outcomes in developing nursing scholarship and enhancing patient care.

1.1. Journal Clubs and Evidence Based Practice

Journal clubs have been a formal part of academic nursing and medical education programs as well as embedded into scholarly clinical practice activities as a way to keep up-to-date, understand, and apply advances in knowledge to actual patient care. Results from a systematic literature review on effective journal clubs suggest a dearth of nursing literature on journal clubs compared to what is available in the medical literature (Deenadayalan, Grimmer-Somers, Prior, & Kumar, 2008). The fact that many medical education and physician residency programs have a formal process and requirement for journal club participation may contribute to this difference. More prevalent in the nursing literature are descriptions of technical aspects of journal club activities and generalizations about the educational benefits, including developing critical appraisal skills, increasing research awareness, and promoting evidenced based nursing practice (Thompson, 2006).

The attention to EBP has intensified efforts to bridge the gap between merely understanding new knowledge and meeting the expectation to implement best practice interventions at the point of care. The elements of EBP training that successfully overcome the divide between accumulated evidence and application to actual practice are elusive. Results of a systematic review of EBP training for allied health professions concluded that any training improved knowledge, skills, and attitudes (Dizon, Grimmer-Somers, & Kumar, 2012). Recommendations such as creating a culture of inquiry and scholarship, presenting education workshops, engaging experts, or providing firsthand experience have been advocated as ways to assist clinical nurses in applying EBP at the bedside. Organizational commitment and an infrastructure to promote clinical nurse participation in research utilization through application of EBP has been recognized as a key ingredient for culture change (Melnyk et al., 2012; Newhouse & Johnson, 2009; Yoder et al., 2014).

Interestingly, reports in the literature have touted journal clubs as an instructive and practical way for clinical nurses to apply research evidence in practice; although, the early reports used the term "research utilization" as the intent of journal club participation (Fink, Thompson, & Bonnes, 2005; Goodfellow, 2004; Rich, 2006) or emphasized critical appraisal of research (St. Pierre, 2005). In contrast to these early reports, more recent literature and the related follow-up suggestions about journal clubs focus more specifically on clinical nurse involvement in EBP implementation. For example, Patel et al. (2011) reported using a hospital wide journal club to specifically engage clinical nurses in employing EBP in decision making for direct patient care. Journal club topics included clinical care such as feeding tubes, chlorhexidine bathing and infection rates, safety huddles, and tracheostomy care. Nurses participating in the journal club were assisted by experienced leaders to make recommendations for practice changes. Sciarra (2011), likewise, used a journal club to empower and increase clinical nurses' participation in EBP. Although conducted with only seven participants, results of this institutional review board approved study suggested that clinical nurses were better able to discuss and apply evidence to nursing practice in an intensive care setting following journal club participation. Pfenning (2011) also reported similar positive results in attitudes, knowledge, and use of EBP by 26 nurses after participation in a unit-based journal club.

Other reports in the literature offer additional rationale for journal clubs as an important venue for enhancing application of EBP by clinical nurses. More importantly, these reports place emphasis on journal clubs as a practical way to connect best available evidence to actual clinical practice (Lehna, Berger, Truman, Goldman, & Topp, 2010). And when implemented in the context of quality improvement cycles, a journal club enables clinical nurses to critique and explore evidence that leads to appropriate practice changes (Staveski, Leong, Graham, Pu, & Roth, 2012).

This evidence suggests that an NJC can be useful in fostering skill development and promoting nurses' participation in EBP activities. At the same time, the question remains how to balance nurse time away from the bedside to engage in EBP projects, and learn and use the requisite research related skills. Clearly, a supportive organizational culture is necessary to overcome barriers in order to implement and promote EBP knowledge and skills at all levels of nursing (Melnyk et al., 2012).

2. Methods

The Nursing Professional Practice Model (PPM) and Care Delivery System provided the basis for Nursing Research & Evidence Based Practice (NR&EBP) Council as the shared governance entity best suited to implement the NJC at this Academic Medical Center. In the larger context of nursing care, the PPM is the central framework for practice and illustrates the way nurses practice, collaborate, and communicate in providing quality patient care that is evidence based (American Nurses Credentialing Center [ANCC], 2014). The PPM incorporates the four components of the ANCC Magnet Model: transformational leadership, exemplary professional practice, structural empowerment, and new knowledge. NR&EBP Council activities focus on the latter component by emphasizing education and skill development related to EBP and research, with the ultimate goal of making linkages to clinical practice. The PPM foundation also supports NJC topic selection congruent with nursing care delivery and the organization's mission, vision and values.

Initially, the NJC was promoted by NR&EBP Council as a useful way to assist busy clinical nurses to advance EBP and gain an appreciation of nursing scholarship. The first NJCs were hosted off campus with the intention to allow nurses to attend outside of scheduled work. Topics were selected based on relevant clinical issues and included *Pressure Ulcer Prevention*, *Back to Basics Nursing Care*, *Workplace Incivility*, *Pain Management*, and *Palliative Care*. Off campus attendance was modest and led council leadership to problem solve and develop an NJC process and structure that would fit with the reality of nursing practice and not be perceived as adding another activity to already busy professional and personal schedules.

2.1. Creating the Structure

Topics and information discussed at the first series of NJCs were disseminated through the NR&EBP Council newsletter and by those in attendance. Despite sparse attendance, this informal sharing influenced practice in visible ways. The *Pressure Ulcer Prevention* NJC resulted in wound-ostomy nurses maintaining their recommendation to use a single product line for pressure ulcer care rather than promoting several options. The *Back to Basics Nursing Care* topic stimulated discussions about the importance of nurses' presence at the bedside; and offered support to ongoing work to streamline charting and documentation. Discussions at the NJC on *Workplace Incivility* resulted in sharing evidence with the Nursing Quality of Worklife Council, thereby empowering the membership to address specific medical center workplace issues. The articles presented at the *Pain Management* and *Palliative Care* NJCs, likewise, offered new insights and created a better understanding among participants how they could readily translate evidence into practice. Those attending expressed more confidence about the nurses' role in advocating better pain management for patients and in initiating discussions with other care providers about palliative care consults.

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