



Review

The state of readiness for evidence-based practice among nurses: An integrative review



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ARTICLE INFO

Article history:

Received 24 August 2015

Received in revised form 23 October 2015

Accepted 23 October 2015

Keywords:

Evidence-based practice

Nursing

Knowledge

Clinical competence

Review literature

ABSTRACT

Objectives: To review factors related to nurses' individual readiness for evidence-based practice and to determine the current state of nurses' evidence-based practice competencies.

Design: An integrative review study.

Data sources: Thirty-seven (37) primary research studies on nurses' readiness for evidence-based practice, of which 30 were descriptive cross-sectional surveys, 5 were pretest-posttest studies, and one study each was an experimental pilot study and a descriptive qualitative study. Included studies were published from the beginning of 2004 through end of January 2015.

Review methods: The integrative review study used thematic synthesis, in which the quantitative studies were analyzed deductively and the qualitative studies inductively. Outcomes related to nurses' readiness for evidence-based practice were grouped according to the four main themes that emerged from the thematic synthesis: (1) nurses' familiarity with evidence-based practice (EBP); (2) nurses' attitudes toward and beliefs about evidence-based practice; (3) nurses' evidence-based practice knowledge and skills; and (4) nurses' use of research in practice. Methodological quality of the included studies was evaluated with Joanna Briggs Institute critical appraisal tools.

Results: Although nurses were familiar with, had positive attitudes toward, and believed in the value of EBP in improving care quality and patient outcomes, they perceived their own evidence-based practice knowledge and skills insufficient for employing evidence-based practice, and did not use best evidence in practice. The vast majority (81%) of included studies were descriptive cross-sectional surveys, 84% used a non-probability sampling method, sample sizes were small, and response rates low. Most included studies were of modest quality.

Conclusions: More robust, theoretically-based and psychometrically sound nursing research studies are needed to test and evaluate the effectiveness of interventions designed to advance nurses' evidence-based practice competencies, especially teaching them how to integrate evidence-based practice into clinical decision-making. All efforts should be focused on systematically using knowledge transformation strategies shown to be effective in rigorous studies, to translate best evidence into practice-friendly, readily usable forms that are easily accessible to nurses to integrate into their clinical practice.

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What is already known about the topic?

- Integration of best evidence into clinical care delivery is essential for improving quality of care and patient outcomes. However, nurses' integration of best evidence into clinical practice is hindered by a multitude of complex factors, particularly the lack of nurses' individual and organizational readiness for EBP.
- The emphasis on published nursing studies on nurses' individual readiness for EBP has to date been on descriptive, cross-sectional surveys, primarily exploring nurses' information literacy skills.

What this paper adds

- This review demonstrates that although most nurses worldwide state they are familiar with, have positive attitudes toward, and believe in the value of EBP in improving care quality and patient outcomes, nurses perceive their own EBP knowledge and skills insufficient for employing EBP, and do not use best evidence in practice.
- The vast majority (81%) of included studies were descriptive cross-sectional surveys, 84% used a non-probability sampling method, sample sizes were small, and response rates were low or not reported at all. Most included studies were of modest methodological quality.
- More robust, theoretically-based and psychometrically sound nursing research studies are needed to test and evaluate the effectiveness of interventions designed to advance nurses' EBP competencies in clinical decision-making. Efforts should be focused on systematically using knowledge transformation strategies shown to be effective in rigorous studies, to translate best evidence into practice-friendly, readily usable forms that nurses actually can use in clinical care delivery.

1. Introduction

Improving patient outcomes and quality and consistency of care through integration of evidence-based practice (EBP) into daily care delivery is a priority for healthcare organizations globally (McGinty and Anderson, 2008; Melnyk et al., 2010; Wallen et al., 2010). Systematic implementation of EBP is essential to improving the effectiveness and cost-efficiency of care (Grol and Grimshaw, 2003; Hart et al., 2008; Melnyk et al., 2012; Pravikoff et al., 2005). However, it is hampered by a multitude of reasons (Gifford et al., 2007; Wallen et al., 2010; Wilkinson et al., 2011), particularly lack of nurses' individual and organizational readiness for EBP, which is further complicated by lack of best evidence in a form that is useful for and easily translated and integrated into practice (Hallberg, 2006; Harrison and Graham, 2012). As a result, contrary to the expectation that implementation of EBP should be the norm in daily practice, the majority of nurses and other clinicians do not consistently engage in EBP (Bennett et al., 2003; Fink et al., 2005; Meline and Paradiso, 2003; Melnyk et al., 2012; Wallen et al., 2010).

Although reviews have been previously conducted on the strategies of EBP implementation using action research (Munten et al., 2010), the role of nursing leadership in the EBP implementation process (Sandström et al., 2011), and the instruments used for evaluating education in EBP (Shaneyfelt et al., 2006) and for assessing nurses' EBP implementation (Leung et al., 2014), they fail to elucidate the individual determinants of nurses' readiness for EBP, i.e., nurses' EBP competencies. Nurses' readiness for EBP encompasses the factors related to nurses' capabilities to engage in EBP and integrate best evidence into daily practice, such as nurses' familiarity with, attitudes toward, and beliefs about EBP, as well as their EBP knowledge and skills. Although the body of knowledge on nurses' readiness for EBP has been steadily growing in countries with a relatively long tradition for conducting EBP research (Beke-Harrigan et al., 2008; Pravikoff et al., 2005; Ross, 2010; Thiel and Ghosh, 2008; Waters et al., 2009), less is known about nurses' readiness for EBP in countries that have joined the global EBP movement more recently. Reviews of primary research studies comprise cross-cultural comparisons of study findings from different countries which enlarge and enrich the growing international body of knowledge on nurses' readiness for EBP, and thus, contribute to building a more comprehensive, global understanding of the type of competences that nurses require to effectively integrate best evidence into daily healthcare delivery. The purpose of this paper was to review the individual or personal factors related to nurses' readiness for EBP. Studies included in the review were published from the beginning of 2004 through January 2015. No such reviews on the topic could be found at a time of this study.

1.1. Evidence-based practice and the EBP process

Melnyk et al. (2012) defined EBP as an approach to problem-solving in clinical decision-making which integrates best evidence from robust studies with clinicians' expertise (including external evidence from patient assessments and practice data) and patients' values and preferences. This definition was selected to define EBP in nursing for this review.

Research utilization (RU), or the retrieval, critique, and use of the research results from a single primary study, has been called the "old" paradigm, prior to the "new" paradigm of EBP, which is commonly considered to be a much broader concept including RU and the integration of summarized and translated best evidence from several well-defined studies into clinical practice (Melnyk and Fineout-Overholt, 2011). Taylor (2007) also described RU as a process of critiquing, implementing, and evaluating research findings. Stevens et al. (2012) agreed with the importance of integrating already critically appraised, summarized and translated best evidence into clinical decision-making as part of EBP in nursing, instead of each practicing nurse having to personally critically appraise, summarize, and translate best evidence into usable and relevant format for clinical practice. Melnyk and Fineout-Overholt (2011) thus described RU as one component of EBP, whereas

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