

Strategies from Bedside Nurse Perspectives in Conducting Evidence-based Practice Projects to Improve Care

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KEYWORDS

- Evidence-based practice • Research Utilization • Practice change
- Bedside Nurses and staff nurses • Pain Management • Magnet
- Quality Improvement

KEY POINTS

- The evidence-based practice (EBP) process may take longer than anticipated.
- Identify and involve staff nurses who have an interest in the project. The group should ideally include 5 to 8 nurses, depending on the scope of the project.
- Involve clinical and research experts to help identify the scope of the project, assist with the process, and establish a realistic timeline to understand the concept and to plan accordingly.
- Identify and follow an EBP model that all can easily understand and use.
- Set goals and a timeline. Be prepared to modify the timeline as needed.
- Communicate the plan not only to each member of the team but also to the nurse manager and all appropriate staff members responsible for project implementation.

Supporting bedside nurses to conduct evidence-based practice (EBP) projects at the point of care is desirable, especially in the climate of hospitals working to achieve Magnet Recognition.¹ Exploring barriers and facilitators encountered when bedside

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nurses initiate and carry out an EBP project enhances nursing leadership's knowledge about the issues for promoting participation of nurses at the bedside.

BACKGROUND

The Magnet Recognition Program was developed to recognize organizations providing excellence in nursing practice.¹ The hallmark characteristics of Magnet designation include empowering nurses for autonomous practice and emphasizing critical inquiry, development of new knowledge to improve quality care, and the need to examine and improve outcomes. Involving nurses at all levels of practice to explore the evidence base for the nursing care they provide helps to strengthen knowledge, promote excellence, and ensure quality.²

Much has been published about the challenges of research use for busy staff nurses. Application of EBP by nurses at the point of care includes challenges such as lack of time, resources, and organizational support.³⁻⁹ Carlson and Plonczynski⁵ recently conducted an integrative review of 45 studies to determine the influence of the Barriers to Research Utilization Scale (BARRIERS scale) on nursing practice. The investigators concluded that identified barriers to research use have remained the same over the past 15 years. They added that the focus needs to shift to examining the relationship between perceived barriers and the uptake of EBP practice change.

Spenceley and colleagues¹⁰ also conducted an integrated review examining the sources of information used by nurses to inform their practice. Nurses tended to rely on informal sources such as their peers for expert clinical advice, suggesting that any successful approach to integrating evidence into practice needs to be unit based. Integration of EBP may be more successful when engaging nurses at the point of care in identification of clinical problems and assisting them to evaluate and incorporate the best evidence into their practice.

Our institution, The Children's Hospital of Philadelphia (CHOP), is committed to supporting Magnet principles to strengthen nursing practice. The challenge of putting these principles into action is discussed in this article. The purpose is to provide insight into the process of identification of a clinical issue and creating change through a thorough review of evidence resulting in policy modification with implementation of the change into practice. Bedside nursing staff played an integral role in the process from start to finish.

EBP PROJECT: PAIN ASSESSMENT TOOL FOR CHILDREN WITH COGNITIVE IMPAIRMENT

The EBP project team was formed from a committee of CHOP nurses with an interest in improving pain management. The committee, Pain Resource Nurses (PRN), has representation from staff across all specialty practice, inpatient, and some outpatient settings. The PRN group derived from The Department of Nursing, Shared Governance council, Quality, Practice, and Patient Safety. There is strong evidence to support the development of a pain nurse expert or PRN model as a way to effectively improve pain management for hospitalized patients.^{11,12}

As the PRN group prioritized methods to improve the quality of pediatric pain care, the lack of a pain assessment tool for children with cognitive impairment (CI) stood out. A core group of nurses consisting of bedside nurses, a clinical nurse specialist (CNS), a research nurse coordinator, and a nurse researcher formed the EBP project team to identify a comprehensive pain assessment tool for use with this population. The project team followed steps of the EBP process, a quality-improvement (QI) project, and implementation of the chosen pain assessment tool into policy and practice. The guiding principles of the Johns Hopkins Nursing EBP (JHNEBP) model of evidence

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