Evidence Based Nursing Practice - Premier Health
A Descriptive Study

Virginia Health – Nursing Shared Governance – 2017
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Study Questions
1. What are the evidence based practices of nurses across Premier Health?
2. What are the attitudes, knowledge & skills for evidence based practice (EBP) for nurses across Premier Health?

Hypothesis
Evidence suggests that nurses more often use knowledge for practice from experience & social interaction rather than from the literature. Lack of time & access as well as limited education have been identified as barriers to EBP since the 1990’s. Emerging evidence suggests that attitude & belief may be the more powerful predictive factors for EBP expression in nursing.

Literature Review
RN attitudes regarding evidence based practice (EBP) directly affect use of evidence in practice. EBP practices include: asking questions, finding evidence, critical evaluation of evidence, and integration of evidence with experience, patient choice and values followed by critical evaluation.

Research

Sample
439 RNs across 5 sites

Setting
Multihospital System
Hospitals Clinics Offices

Methods
Self Report
Descriptive Statistics
IRB Approved

Summary Results
1. Quality problems are being corrected on my unit (77.67% agree & strongly agree)
2. I can describe the benefits of using quality improvement in my department (85.32% agree & strongly agree)
3. I can define quality improvement (90.07% agree & strongly agree)
4. I have the necessary knowledge to achieve evidence based nursing practice (94.4% slightly, mostly, completely agree)
5. I have the necessary skills to deliver safe patient care (98.16% slightly, mostly, completely agree)

Modified Evidence-Based Practice Questionnaire (EBPQ) 1
- Description of Instrument – Gathers information and opinions on the use of evidence-based practice (EBP) among health professionals. 24 items, 7 point rating scales. Self-administered questionnaire- 3 subscales: practice of EBP, attitudes towards EBP and knowledge of EBP. Internal Consistency – Entire scale = 0.87. Practice of EBP = 0.85. Attitude towards EBP = 0.79. Knowledge of EBP = 0.91.
- Construct Validity – Convergent validity tested by comparing scores measure of awareness of local clinical effectiveness initiative r=0.3-0.4, p<0.001). Discriminant validity assessed by comparison of subscale scores between respondents with knowledge of initiative and those without. Those with knowledge has a better attitude, more frequent practice and better knowledge.
- Content & Face Validity – Item generation based on results of literature review and discussion with key health and social care professionals. Refined by review of experienced healthcare professionals to establish face validity. Pilot tested by a steering group of experts in the field of health and social care policy to ensure content validity.

The NQSSI – The Nursing Quality and Safety Self Inventory 2
- Assessment based on QSEN competencies for nursing which address six areas: patient centered care, teamwork and collaboration, evidence based practice, quality improvement, safety and informatics.
- Uses a seven point Likert scale.

Areas for Improvement

Education Opportunities

Plan
- This study provides a baseline assessment of EBP knowledge, attitudes and practices for nursing
- Results provide a basis for planning future education of nursing staff
- Results provide a baseline for evaluation of interventions

References