

Sigma's 30th International Nursing Research Congress

Medical-Surgical Nurses' Evidence-Based Practice Beliefs

Linda H. Yoder, PhD, MBA, RN, AOCN, FAAN

School of Nursing, The University of Texas at Austin, Austin, TX, USA

Teresa-Lynn (Terri) Hinkley, MBA, BScN, RN, CCRC

Academy of Medical-Surgical Nurses, Pitman, NJ, USA

Robin Hertel, EdS, MSN, CMSRN

Ascend Learning, Leawood, KS, USA

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN

Helene Fuld National Institute for Evidence-based Practice in Nursing and Healthcare, The Ohio State University College of Nursing, Columbus, OH, USA

Purpose: Members of the Academy of Medical-Surgical Nurses (AMSN) have repeatedly indicated that they want more information about evidence-based practice (EBP). As a starting point, a collaboration was formed between the Board of Directors of AMSN and leaders within the Helene Fuld Institute for Evidence-Based Practice at The Ohio State University (OSU) School of Nursing. The collaborative team decided to use the Advancing Research and Clinical Practice through Close Collaboration (ARCC[®]) Model to determine AMSN members' beliefs about EBP.

Methods: A descriptive, cross-sectional, on-line survey design was used. The study was approved by the OSU Institutional Review Board. The EBP Beliefs Scale, a valid and reliable instrument ($\alpha \geq .85$ across various samples), was used to collect beliefs data from participants. Demographic characteristics and information about the participants' organizations also was collected. All nurses who held a current membership in AMSN were recruited. Also, nurses who held certification from the Medical-Surgical Nursing Certification Board (MSNCB) were recruited to participate in the study. The on-line survey was created by the team members from OSU and AMSN and the data were collected via a link on the AMSN website to the OSU survey portal created for the study. No individual nurse was identifiable from the data obtained. Data were analyzed using SPSS v.25.

Findings: Approximately 1700 nurses from 49 states responded to the survey; 11 international AMSN members also responded. Not all nurses responded to each survey question. Most of the participants were Caucasian females in clinical staff nurse roles (47%). Most of the participants had completed a Bachelor of Science degree in nursing (BSN) and 25% had completed a Masters or Doctor of Nursing Practice (DNP) degree. The average age of the participants was 47 years and they had been nurses for an average of 18 years with 15 years as medical-surgical nurses. Most of the participants (80%) were certified as either medical surgical nurses (CMSRN) or care coordinators (CCCTM) through MSNCB. Approximately 42% of the participants indicated they worked in Magnet designated hospitals and another 41% said they worked in Pathway to Excellence hospitals. Only 6% worked in AMSN PRISM (Premier Recognition in the Specialty of Medical-Surgical Nursing) designated units. The nurses worked primarily in acute care community/ regional hospitals consisting of 100-500 beds.

Most of the participants (94%), said they believed EBP results in the best care for patients but only 75% said they were clear about the steps of EBP. Furthermore, 81% said they were sure they could implement EBP and 93% said they believed that critically appraising the evidence is an important step in the EBP process, but only 68% believed they could search for the evidence in a time efficient way and 62% said they could access the best resources to implement EBP. Regarding implementation of EBP, 64% of the participants said they knew how to implement EBP sufficiently to make practice changes and 61% said they believed they could implement EBP in a time efficient way but only 62% said they were sure about how to measure the outcomes of clinical care. However, 18% said they believed that EBP takes too much time and 25% believed EBP is difficult. Only 65% of the nurses believed they could overcome barriers in implementing EBP yet 75% of the respondents said they believed the care they deliver is evidence-based. Furthermore, only 45% of the participants believed that their EBP councils are effective in

implementing EBP or that unit based councils contribute to EBP practice changes. But 80% of the nurses believed that sustaining a culture of EBP is important and that EBP reduces healthcare costs. Most of the participants (90%) believed that implementation of EBP enhances safety and reliability within healthcare yet only 54% strongly believed that nurse managers in their organizations implement EBP in their own practice. When asked about the biggest barriers to building and sustaining a culture of EBP, many participants cited lack of EBP skills, lack of resources such as librarians or library databases, lack of DNP or PhD EBP nurse champions, and nurse manager/senior nursing leader support.

Discussion/Conclusions: It should be noted that a limitation of this study is self-selection bias. It may be that nurses who were more knowledgeable about EBP chose to participate in this study. Because most of the nurses in this sample were educated at the BSN level or higher and certified, they may represent a more knowledgeable sector of the medical-surgical nursing population. Also, nurses who are members of national nursing specialty organizations may be more engaged in learning about and implementing EBP. However, in some respects the findings are consistent with other studies of nurses' beliefs about EBP. For example, the barriers noted by participants such as lacks of resources and administrative support have repeatedly appeared in the literature. Therefore, there are opportunities for AMSN to assist their members in gaining EBP skills and the findings from this study will be used to plan educational activities for AMSN members. AMSN members also will be made aware of opportunities for learning EBP skills through organizations such as the Helene Fuld Institute for EBP. Additionally, as a national nursing organization, we can collaborate with our colleagues in the American Organization of Nurse Executives (AONE) to make them aware of continued findings that demonstrated lack of mid-level and senior administrative support for EBP activities.

Title:

Medical-Surgical Nurses' Evidence-Based Practice Beliefs

Keywords:

Beliefs, Evidence-based practice and Medical-surgical nurses

References:

Dhakal, K. (2018). Librarians collaborating to teach evidence-based practice: Exploring partnerships with professional organizations. *Journal of the Medical Library Association*, 106(3), 311–319. <https://doi.org/10.5195/jmla.2018.341>

Melender, H. L., & Maijala, V. (2018). Tactics for teaching evidence-based practice: Video as a support for learning International Database searching in nursing education. *Worldviews on Evidence-Based Nursing*, 15(4), 326-328. <https://doi.org/10.1111/wvn.12304>

Melnyk, B. M., Gallagher-Ford, L., Long, L. E., & Fineout-Overholt, E.(2014). The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing*, 11(1), 5–15.

Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing and healthcare: A guide to best practice*. Philadelphia, PA: Wolters Kluwer Health.

Pereira, F., Pellaux, V., & Verloo, H. (2018). Beliefs and implementation of evidence-based practice among community health nurses: A cross-sectional descriptive study. *Journal of Clinical Nursing*, 27(9/10), 2052–2061. doi:<http://dx.doi.org/10.1111/jocn.14348>

Schafer Astroth, K. (2018). Exploring the evidence. Focusing on the fundamentals: Reading quantitative research with a critical eye. *Nephrology Nursing Journal*, 45(3), 283–286.

Singleton, J. K. (2017). Evidence-based practice beliefs and implementation in Doctor of Nursing Practice students. *Worldviews on Evidence-Based Nursing*, 14(5), 412–418. doi:<http://dx.doi.org/10.1111/wvn.12228>

Abstract Summary:

The findings from this study demonstrate the evidence-based practice beliefs of nurses surveyed from the Academy of Medical-Surgical Nursing (AMSN) or who are certified as medical-surgical nurses from the Medical-Surgical Nursing certification Board (MSNCB).

Content Outline:

I. Introduction

A. Reason for initiating the study

B. Collaboration with evidence-based practice institute at The Ohio State University

II. Conceptual Framework--Advancing Research and Clinical Practice Through Close Collaboration Model (ARCC)

III. Methods

A. Descriptive, cross-sectional design

B. On-line survey

C. Recruited medical-surgical nurses who were members of the Academy of Medical -Surgical Nurses (AMSN) or who were certified by the Medical-Surgical Nursing Certification Board (MSNCB)

IV. Findings

Discussion/Conclusions

First Primary Presenting Author

Primary Presenting Author

Linda H. Yoder, PhD, MBA, RN, AOCN, FAAN

The University of Texas at Austin

School of Nursing

Professor

Austin TX
USA

Author Summary: Linda H. Yoder, PhD, MBA, RN, AOCN, FAAN, is a Professor at the University of Texas at Austin School of Nursing. Dr. Yoder was an Army Nurse Corps officer for 28 years, retiring at the rank of Colonel. Dr. Yoder is an alumna of the Robert Wood Johnson Executive Nursing Fellowship (2011 Cohort) and she is the Immediate Past-President of the Academy of Medical-Surgical Nurses. She is a Fellow in the American Academy of Nursing.

Any relevant financial relationships? Yes

Relationship	Description of Potential Conflict
Immediate Past President of the Academy of Medical-Surgical Nurses	I am the Immediate Past President of the Organization--but this is a volunteer position

Signed on 11/19/2018 by *Linda H. Yoder PhD, MBA, RN, AOCN, FAAN*

Second Author

Teresa-Lynn (Terri) Hinkley, MBA, BScN, RN, CCRC
Academy of Medical-Surgical Nurses
Chief Executive Officer
Pitman NJ
USA

Author Summary: Teresa-Lynn (Terri Hinkley) is the Chief Executive Officer of the Academy of Medical-Surgical Nurses and the Medical-Surgical Nursing Certification Board. She has over 30 years experience in critical care, emergency room and clinical research. Her research interests include workforce development in rapidly changing environments, strategic thinking and second victim syndrome.

Any relevant financial relationships? Yes

Relationship	Description of Potential Conflict
Salary	I am the CEO of the Academy of Medical-Surgical Nurses

Signed on 11/19/2018 by *Teresa-Lynn Hinkley*

Third Author

Robin Hertel, EdS, MSN, CMSRN
Ascend Learning
Nursing Education Specialist
Leawood KS
USA

Author Summary: Robin Hertel is a nursing education specialist with ATI Nursing Education. Previously

she has worked in the acute care setting on a medical-surgical unit and has taught in academia. She is currently the President of the Academy of Medical Surgical Nurses.

Any relevant financial relationships? Yes

Relationship	Description of Potential Conflict
President of the Academy of Medical Surgical Nurses	This is a volunteer position.

Signed on 11/20/2018 by *Robin Hertel*

Fourth Author

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN
The Ohio State University College of Nursing
Helene Fuld National Institute for Evidence-based Practice in Nursing and Healthcare
Senior Director
Columbus OH
USA

Author Summary: Lynn Gallagher-Ford is senior director of the Helene Fuld Institute for EBP in Nursing and Healthcare at Ohio State University. Her research/publications have had a major impact on the EBP body of knowledge including: National EBP Surveys of Nurses, Delphi Study establishing EBP competencies, lead author; the AJN EBP Series. She is a Fellow in the Nursing Academy and the National Academies of Practice.

Any relevant financial relationships? Yes

Relationship	Description of Potential Conflict
Royalty	I have co authored a textbook on EBP and may receive royalties
Speakers Bureau	I am a frequent keynote speaker on EBP and may receive honoraria.
Consultant	I am an EBP consultant and may receive payment for such consultations.

Signed on 11/20/2018 by *Lynn Gallagher-Ford*