



# Readiness for Evidence-Based Practice Implementation: A survey from Southern Mexico

**Luxana Reynaga-Ornelas, PhD, MSN, RN<sup>1,2</sup>; Carol M. Baldwin, PhD, MSN, RN, AHN-BC, FAAN<sup>2</sup>; Ma. Teresa Pratz Andrade DNS, MSN, CVN, RN<sup>3</sup>.**

1. Universidad de Guanajuato Campus León, León, Guanajuato, México. 2. College of Nursing & Health Innovation, Arizona State University, Phoenix, AZ, USA. 3. Coronary Care Unit, Hospital Regional de Alta Especialidad del Bajío, León, México.

## INTRODUCTION

Evidence-based practice (EBP) has been defined as a problem-solving approach to the delivery of healthcare that incorporates the best available evidence, clinician's expertise and patient values and preferences (Baldwin, Schultz & Barrere, 2016).

As in other countries, Mexico has recognized the need to improve patient outcomes through the implementation of EBP. The Nursing Permanent Commission has recently published the Model of Nursing Care in which EBP is considered a key tool to conduct, guide, orient and improve nursing care (Secretaría de Salud, 2018).

One of the first steps to the implementation of EBP is to assess the readiness of nurse professionals and the organization to include EBP on a daily basis.

The readiness of EBP is defined as "the state of being fully prepared to deliver EBP when, where and how it is needed" and is grounded in four pillars: nursing, training, equipping and leadership development and support (Shaefer & Welton, 2018).

To date, there are no extant Mexican studies of EBP readiness.

## OBJECTIVE

The purpose of the work is to evaluate the readiness to implement EBP among clinical nurses from southern Mexico.

## METHODS

Data were derived from a descriptive exploratory survey regarding EBP readiness during a national nursing conference held on October 2018 in the state of Tuxtla Gutierrez, Chiapas, Mexico.

The survey was adapted in Spanish from the American Academy of Nursing Publication Advisory Committee EBP Readiness Study (Pravikoff, Tanner, & Pierce, 2005).

The survey included information on the use of information resources, participation in research, sources of nursing information, as well as individual and institutional barriers to EBP in clinical practice. Data were analyzed using SPSS (V24) software.

## RESULTS

Nursing professionals and students (N=121) (76% women; 80.2% 39 years of age and under) completed the survey. Participants held baccalaureate (65%) or master's degrees (21%). The remaining nurses held associate, doctoral degrees, or 'other' (e.g., midwifery).

A majority (77%) worked in the hospital setting, while the other participants were employed in ambulatory, home, or occupational health areas.

Although they believed that EBP improves patient outcomes (90.7%), respondents (44%) reported little to no knowledge of EBP, and only 35% reported using research finding in clinical practice frequently, or almost always.

Sources of information used 'frequently or almost always' included:

- Librarians (23%)
- Peers (39.2%)
- Bibliographic database searches (67.6%)
- Searching in the internet (79.5%)
- Journals or books (52%)
- Attending conferences or workshops (43%);

However 40% of the respondents indicated the use of these information sources once a month or less.

## RESULTS

Furthermore when asked about the following activities in the past year:

- 40% indicated that they had not participated in research,
- 60% had not evaluated a research report, and,
- 31.4% had not identified a research problem.

The three leading individual barriers to the use of research findings in practice reported by participants were:

- Understanding the organization of electronic databases;
- Lack of skills required to critique or synthesize the literature; and
- Access to research materials.

The leading institutional barriers to EBP in clinical practice were:

- EBP as a low budget priority;
- Difficulty recruiting and retaining nurses; and
- Lack of financial resources for training.

## CONCLUSIONS

Participants recognize the value of EBP as a useful tool for nursing care; however, they have little knowledge of, or training to lead the actual implementation.

## CONCLUSIONS

Further training is needed to improve institutional and personal knowledge of EBP in health care institutions in southern Mexico.

Furthermore, these results indicate the need for policy development toward a national strategy to assess individual and organizational readiness for EBP that will lead to a countrywide implementation for training in clinical EBP.

Such training will stimulate a culture of inquiry that improves nursing knowledge and decision-making, promote organizational knowledge regarding the budget advantages and cost-savings related to nurse recruitment and retention with EBP, and contribute to better patient outcomes through evidence-based nursing practice.

## REFERENCES

- Baldwin, C. M., Schultz, A. A., Barrere, C., Dossey, B. M., & Keegan, L. (2016). Evidence-based practice. Holistic nursing: A handbook for practice, 637-659.
- Pravikoff, D. S., Pierce, S. T., & Tanner, A. (2005). Evidence-based practice readiness study supported by academy nursing informatics expert panel. *Nursing Outlook*, 53(1), 49-50.
- Secretaría de Salud. (2018). Modelo del Cuidado de Enfermería. Primera edición. [http://www.cpesalud.gob.mx/sites/default/files/programa/docs/modelo\\_cuidado\\_enfermeria.pdf](http://www.cpesalud.gob.mx/sites/default/files/programa/docs/modelo_cuidado_enfermeria.pdf)
- Schaefer, J. D., & Welton, J. M. (2018). Evidence-based practice readiness: A concept analysis. *Journal of nursing management*, 26(6), 621-629.

## ACKNOWLEDGEMENTS & CONTACT

To the organizing committee of *IV Jornadas de Investigación de los Hospitales Regionales de Alta Especialidad* held in Tuxtla Gutiérrez, Chiapas October 2018. For the invitation and financial support.

Luxana Reynaga Ornelas, PhD, MSN, RN.  
Email: luxana@ugto.mx

