The Current State of Evidence-based Practice in Nurses Across the U.S.

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The Merging of Science and Art: EBP within a Context of Caring
Results in the Highest Quality of Patient Care

EBP Organization/Culture

Research Evidence & Evidence-based Theories

Clinical Expertise (e.g., clinical wisdom, reasoning, patient history & physical data collection, resource utilization)

Patient Preferences and Values

Context of Caring

Clinical Decision-making

Quality Patient Outcomes

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The EBP Process

Ignite the Spirit of Inquiry

Formulate a Searchable, Answerable PICO Question

Streamlined, Focused Search

Rapid Critical Appraisal & Synthesis of Evidence

Apply Valid, Relevant Evidence

Generate Evidence
  Internal: OM, QI
  External: Research

Evaluate the Outcome(s) and Disseminate the Findings

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The Cost of Poor Quality Healthcare

• Poor quality healthcare cost the United States about 720 billion dollars in 2008
• Wasteful healthcare spending costs the healthcare system 1.2 trillion dollars annually
• The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare

-RAND
The 2020 EBP Goal

• Ninety percent of healthcare decisions will be evidence-based by 2020

  - The IOM Roundtable on EBP

• Yet it is estimated that only approximately 15 to 20% of clinicians are consistently implementing evidence-based care
Patient Outcomes With and Without Evidence-Based Practice

![Graph comparing traditional practice vs. evidence-based practice outcomes](image-url)
Purpose: To assess the state of EBP in nurses across the United States

Methods: An invitation to participate in a descriptive EBP survey was disseminated by email to a random sample of 20% of members from the American Nurses Association
The Survey

- Demographic questions (e.g., age, education)
- 18 five point Likert-scale items, ranging from 1 “strongly disagree” to 5 “strongly agree,” which captured the state of EBP from a clinician’s perspective (Cronbach’s alpha = .88)

Examples: *It is important for me to gain more knowledge and skills in EBP; I consistently implement EBP with my patients.*

- 10 of the 18 scale items were taken directly from Melnyk & Fineout-Overholt’s EBP Beliefs and EBP Implementation Scales
The Survey

- Seven additional items assessed the respondents’ needs regarding EBP on a 5 point Likert Scale from 1 “not needed” to 5 “greatly needed

- Plus, two open-ended questions:
  - What one thing most prevents you from implementing EBP in your daily clinical practice?
  - What one thing would help you the most to implement EBP in your daily clinical practice?
Findings

- A total of 1015 nurses responded to the survey (.05%)
- Age range 21-79 years, with a mean age of 51.2
- Approximately 56% of the respondents had a master’s degree or higher
- Approximately 37.5% were staff nurses
- Nearly 25% were nurse educators
- Average years in clinical practice = 24
- Nearly 25% practiced in a Magnet designated institution
<table>
<thead>
<tr>
<th>Statement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP is consistently implemented in my healthcare system</td>
<td>53.6</td>
</tr>
<tr>
<td>My colleagues consistently implement EBP with their patients</td>
<td>34.5</td>
</tr>
<tr>
<td>Findings from research studies are consistently implemented in my institution to improve patient outcomes</td>
<td>46.4</td>
</tr>
<tr>
<td>EBP mentors are available in my healthcare system to help me with EBP</td>
<td>32.5</td>
</tr>
<tr>
<td>It is important for me to receive more education and skills building in EBP</td>
<td>76.2</td>
</tr>
</tbody>
</table>
Significantly more non-master’s prepared nurses than master’s prepared nurses indicated that:

- It is important to gain more knowledge and skills in EBP.
- They are interested in receiving more education and skills building in EBP.
- They are interested in participating in web seminars with EBP experts to learn more about EBP.
Nurses in Magnet versus Non-Magnet Institutions Reported Higher Levels of the Following

- More consistent implementation of EBP by their healthcare systems
- The availability of EBP experts
- Organizational cultures supporting EBP
- Routine educational offerings in EBP
- Routine recognition of EBP efforts
Significantly more non-master’s prepared nurses than master’s prepared nurses indicated that:

• It is important to gain more knowledge and skills in EBP

• they are interested in receiving more education and skills building in EBP

• they are interested in participating in web seminars with EBP experts to learn more about EBP
No Differences Existed Between Respondents in Magnet and Non-Magnet Institutions on These Items

- Being clear about the steps of EBP
- Interest in participating in continuing education to enhance knowledge and skills in EBP
- On-site education and skills building in EBP
- Consistent access to an EBP mentor
Other Findings

- More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care.

- The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP.
### The One Thing That Prevents You From Implementing EBP

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time</td>
<td>151</td>
</tr>
<tr>
<td>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
<td>123</td>
</tr>
<tr>
<td>3. Lack of EBP knowledge/education</td>
<td>61</td>
</tr>
<tr>
<td>4. Lack of access to evidence/information</td>
<td>55</td>
</tr>
<tr>
<td>5. Manager/leader resistance</td>
<td>51</td>
</tr>
<tr>
<td>6. Workload/staffing, including patient ratios</td>
<td>48</td>
</tr>
<tr>
<td>7. Nursing (staff) resistance</td>
<td>46</td>
</tr>
<tr>
<td>8. Physician resistance</td>
<td>34</td>
</tr>
<tr>
<td>9. Budget/payors</td>
<td>24</td>
</tr>
<tr>
<td>10. Lack of resources</td>
<td>20</td>
</tr>
</tbody>
</table>
Discussion

• In contrast to the descriptive study published by Pravikoff and colleagues in 2005 that concluded U.S. nurses were not ready to embrace EBP, this study indicates that nurses across the country are ready for and do value EBP.

• The barriers to EBP that participants cited have been cited by nurses for over two decades.
Discussion

• Organizational culture and access to EBP mentors and resources are critical to enhance and sustain evidence-based care

• Routine EBP educational and skills building sessions must be incorporated into orientations and continuing education offerings

• Educational programs must prepare baccalaureate and master’s students to be competent in EBP and equipped to build EBP cultures
The ARCC Model
(Advancing Research & Clinical practice through close Collaboration)

Potential Strengths
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrative Support

Potential Barriers
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Lack of EBP Valuing

Clinicians’ Beliefs About the Value of EBP & Ability to Implement the EBP Process *

EBP Implementation*+

↑ EBP Implementation*

Nurse Satisfaction
Cohesion
Intent to Leave
Turnover

Decreased Hospital Costs

Improved Patient Outcomes

© Melnyk & Fineout-Overholt, 2005

* Scale Developed
+ Based on the EBP Paradigm & using the EBP process
“…because we’ve always done it that way.”

Anonymous
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