



Best Practices

Understanding Nurses' Perspectives

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Understanding the perspectives of nurses is a critical, initial step in developmental efforts targeting the integration of evidence into practice. The authors discuss the outcomes of a study that assessed nurses' views of best practice, including organizational supports, barriers, and recommended strategies to successfully navigate practice changes in demanding work environments.

A nurse's use of current knowledge in daily practice improves patient care by enhancing the likelihood that the best clinical decisions are initiated at the appropriate times to achieve desired outcomes.^{1,2} As members of a nursing research council at a Magnet hospital, we participated in deliberations focused on how to facilitate the use of up-to-date research findings in daily clinical settings. Preliminary discussion around the means of achieving this goal, however, yielded mixed results. Although some nurses indicated that they tried to use research in their daily practice, in general, nursing practice patterns did not seem to routinely include the use of evidence. As a result, council members agreed that an exploratory study was an appropriate initial course of action. The term *best practice* was adopted as the focal concept for this investigation because it commonly implies a wider array of evidence sources used to improve and produce quality outcomes.³ The study's aim was to

gain a clearer understanding of nurses' perceptions regarding best practice.

Overview

Even though evidence-based nursing practice is commonly accepted as an important component of quality healthcare, the daily strains of staff shortages and high patient acuity provide real challenges for delivering quality care that is current, informed, and research based. In addition, US nurses cite a number of personal barriers that hinder their successful adoption of evidence-based practice, such as a perceived lack of confidence with computer databases, insufficient time on the job to implement new ideas, and not feeling sufficient authority to change care routines.⁴⁻⁶ Commonly cited institutional barriers include the presence of differing organizational priorities and inadequate resources.^{1,4,7} Some authors even suggest that organizations may actually reward nurses for complying with the status quo and adhering to conventional traditions, fueling speculation that evidence-based practice may in fact be viewed as an extra burden in a hectic workplace.⁸⁻¹⁰

Evidence-based nursing reduces practice variations, improves patient outcomes, and is positively associated with increased nurse autonomy.¹¹ A recent study correspondingly notes that there may be a positive shift in the way nurses view the application of research findings in their nursing practices.¹⁰ It seems obvious that, perhaps, the most important aspect of evidence-based practice is that it indeed makes sense to practicing nurses.¹² Therefore, an inherent factor in the successful adoption

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of evidence-based practice lies with clearly understanding nurses' views and perspectives about how to navigate practice changes in demanding work environments.

Research Methods

To elicit information, data were gathered over a period of 9 months using a variety of methods, beginning with individual interviews, progressing to focus group discussions, and culminating with questionnaires. Members of the nursing research council developed a series of interview questions to elicit practitioners' views of best practice. Council members included advanced practice nurses, doctorally prepared nursing faculty, and the director for nursing research. The interviews were conducted by a study investigator with previous qualitative research experience.

The interviews were guided by 6 open-ended questions to facilitate discussion, viewpoints, and opinions about best practice, and they were sequenced to move the discussion from general to specific information. During each interview, the nurse participants were asked to respond to the following 6 eliciting questions:

1. How would you describe the term best practice?
2. How would you describe your current knowledge of best practice?
3. Based on your daily clinical experiences, how do you determine what is a best practice?
4. Describe how best practices are used in your daily routines.
5. What resources do you use to achieve best practice?
6. What additional resources would be helpful when changing practice routines?

Participants were selected using a purposive sampling method to assure that the study achieved broad representation of viewpoints.¹³ Unit directors in the hospital were asked to nominate registered nurses who actively participate in nursing shared governance committees representing staff, advanced practice, and education roles with daily responsibilities for clinical service quality and patient safety outcomes. The intent was to select participants who represented "good informants" with a broad range of experience in clinical nursing, including level of education, years of experience, and areas of practice.¹⁴ Thirteen nurses were invited, and 9 agreed to participate. The 9 nurses represented a range of clinical specialties, including orthopedics, oncology, neurotrauma, pain management, progres-

sive care, intensive care unit, emergency nursing, and medical-surgical nursing. One participant reported having primary responsibility in education/human resource development. Varied levels of nursing educational preparation were also represented—2 diploma-prepared nurses, 2 with associate degrees, 2 with baccalaureate degrees in nursing, and 3 with master's degrees in nursing. One of the participants was enrolled in a bachelor of science in nursing program.

The interviews were completed over the course of a 5-week period and took place at the medical center, a 826-bed level I trauma center providing multispecialty healthcare services to the residents of western Virginia. In 2003, the medical center was the second hospital to receive Magnet status within the state of Virginia. Approval for the study was obtained from the health-system institutional review board, and participant's consent was obtained before data collection.

A pilot interview with 2 nurses ensured that the specific eliciting statements appropriately addressed the topics under investigation. Each interview lasted approximately 1 hour and was held in a quiet conference room, in an unhurried environment, and at a time and location convenient for the participant. For each of the 6 eliciting questions, the interviewer used cue cards to help the participants focus on the topic under discussion. To maintain participant confidentiality, taped interviews were transcribed outside the medical center and void of any identifying information. A study researcher reviewed each transcript to ensure accuracy of transcribed data.

Data analysis was achieved using the constant comparative method, critically reading each transcript to identify commonly recurring thematic responses for each eliciting question.¹⁴ In addition, the 2 pilot transcriptions were used to establish congruence and precision with regard to data analysis procedures. After the interviews, 7 of the 9 study participants attended a focus group. The researchers felt that it was important to extend the discussion to include recommended ways of facilitating nurses' use of evidence in their daily practice. After the focus group, all 9 participants were given addressed and stamped envelopes to allow additional time for anonymous follow-up thoughts and suggestions, with 4 participants responding. Study findings were therefore confirmed through investigator triangulation, method triangulation, and member checking.¹³ Researchers analyzed each of the transcripts independently, identifying commonly recurring themes followed by team meetings to compare and contrast findings.

Methods triangulation was accomplished through participant completion of mailed questionnaires, where respondents noted agreement or disagreement with the analysis. The questionnaire also provided the participants with anonymity to disagree with the process and/or findings.

Findings

Analysis of the interview data yielded synthesizing statements, recurring themes, and corresponding exemplars in 5 categories—descriptions of best practice, current knowledge of best practice, resources to achieve best practice, examples of best practice, and suggested ways to facilitate best practices. Analysis of the focus group and follow-up questionnaire responses yielded a synthesized definition for best practice and key recommendations.

Category 1: Synthesizing Statement

Best practice has distinguishing properties, such as thoughtful teamwork, using reliable sources, and staying up-to-date to ensure best care outcomes.

Themes

- Not being stagnate/educated/up-to-date
- Looking beyond self/benchmarking
- Multidisciplinary, team process
- Helping patients achieve the best outcomes

Exemplars

It is the best way to take care of our patients through current research and technology and not being stagnate.

It involves a team so that we really do have the best product at the bedside for the patient.

It is thoughtful work with a ripple effect...where you change one thing and it affects a lot of other things in the organization down to the policies and procedures.

It is taking care of my patients in the most up-to-date manner possible looking at literature, research, and outside agencies that are driving our care practices.

It is best care...best way to provide care, the safest, the best quality, and the best outcome for the patient.

Category 2: Synthesizing Statement

Participants' current knowledge of best practices indicated an early stage of development in conjunction with a readiness to learn.

Themes

- Vague about personal current knowledge
- Need for ongoing development
- Readiness to use and apply research in daily practice

Exemplars

Two years ago, I would have told you I was on the road to being an expert, but I feel now, more than ever, the more I feel I know, the less I actually do know!

Only in the last few years has it become acceptable to question the status quo and ask why we are doing things the way we do.

We have work to do...to educate the masses...communicating what it is, how you accomplish it, and what you do with it once you decide that this is a best practice!

I would say we are in the early stages of looking at literature, research, and the outside agencies that are driving our care and our practices.

Category 3: Synthesizing Statement

Resources cited by the participants as being useful references revealed a wide variety of information sources.

Themes

- Internal sources—peers, physicians; clinical nurse specialists; policies and procedures; guideline and standards; health sciences library and librarian; in-hospital education; unit-based performance indicators; incidents
- External sources—professional organizations, such as ANCC, AACN, ONS, STTI; the Internet; literature reviews; benchmarking with other facilities; conferences; State Board of Nursing

Exemplars

The vendor came in and brought us their study, but we did our own background work...our own evidence work...we initiated a trial, got feedback from the staff, and evaluated the IV catheter product ourselves to make sure it was a better product for nursing. Then we took the data to materials management giving them concrete performance outcomes, and they agreed to purchase the product even though it was more costly. Here is an example of where we changed something, a product, to improve practice, based on CDC guidelines.

Category 4: Synthesizing Statement

Participants' clinical examples emphasized sources of inquiry with recommended strategies for implementation.

Themes

- Clinical events commonly trigger practice changes.
- Scheduled reviews and updates of practice policies trigger practice changes.
- Benchmarking with other facilities triggers practice updates.
- Carefully appraise the systemwide (ripple) effects when adopting a practice change.

Exemplars

At the time the pain clinic closed, we had to move from a physician-driven program to a nurse-driven pain management program so we researched and adopted the City of Hope pain resource nurse model.

Look at the research in orthopedics indicating that removing Foley catheters in the early postoperative period prevents infections, and using antibiotics for the first 24 hours after surgery is all that is necessary. We are now applying those practices in daily clinical protocols.

Also the use of Meperidine as a PCA option, we had to work with medical staff, present the research, and be persistent! It is using the research and stating why this is not the most effective drug of choice and showing where other institutions have eliminated it.

As a result of the IV equipment change, we also found all kinds of little nuances and not-so-good IV practices that we now have to address...the ripple effect! So, you have to be very critical and cautious...appraise it...because even if it works in another hospital you have to look at how it will work in our environment.

Category 5: Synthesizing Statement

Suggested ways to achieve best practice revealed specific unit- and system-wide facilitators essential for clinical inquiry and practice transformation.

Themes

- Administrative support for time allocation
- Staff buy-in for practice change
- Health services library and computer services
- Recognition and dissemination of successful practice changes

Exemplars

We have resources available systemwide, but we need to decentralize the resources and make them available on the clinical units to have quick access and helpful resources at the bedside.

We need to be more proactive...so we need to develop a process for implementing practice change beyond just educating staff...need to get support and buy-in before implementing practice changes.

We need to celebrate/recognize clinical units that demonstrate best practices.

Focus Group Responses

Group comments reiterated and extended the common themes derived from the interviews, for example, the viewpoint that *clinical events* commonly trigger practice changes, as well as the importance of adopting a practice mentality of not *accepting the status quo*. The group also stressed the importance of evaluating outcomes to sustain improvements in clinical practice. As one participant noted:

We may implement a change...put it out there-but we need to look at the impact...the outcome. We need to look at what happened as a result of the change...*the ripple effect*. For example, look at nurses with needle sticks. We changed the product but nurses are still getting stuck. So it is in understanding that it is not just about the product but and seeing the impact and the outcome of the change. It is an ongoing process once we make a conversion...it isn't about the equipment, it is about the practice, and the *knowledge behind the practice*.

The group emphasized 5 strategies for sustaining clinical best practice:

- Moving beyond staff education as a sole change strategy
- Demonstrating administrative support through recognition and reward for clinical best practices
- Building teams and grassroots initiatives to achieve staff "buy-in"
- Evaluating the "ripple effects" of a practice change ahead of the implementation.
- Enhancing communication with multidisciplinary support especially involving medical staff

As a synthesizing activity, researchers used the reiterated interview themes as a starting point for developing a group definition for best practice. The

participants concluded the session by creating the following definition: "Best practice is an ongoing process of deliberate, thoughtful teamwork that has a ripple effect. It is critically linking knowledge within the organization and externally to deliver the best care (product) at the bedside."

Questionnaire (Mailed) Responses

Four participants returned the questionnaires. All 4 stated that there was a definite need to translate current knowledge into daily clinical practice, emphasizing that this would help nurses' transition beyond the task-oriented "we've always done it this way attitude" toward informed, updated practice patterns. One respondent suggested that there might be a tendency to "commend and reward task oriented, routine practices." However, another respondent suggested that while nurses may predominately practice "from a task-oriented perspective," with the proper organizational support they sensed the nurses would most likely embrace the change. The respondents reiterated the following strategies as suggested ways to facilitate a best practices mindset:

- Build "grassroots efforts" with unit-based multidisciplinary teams to solicit and generate best practice initiatives.
- Establish dedicated unit-based resources such as Web-based Internet resources and research facilitators (champions) to foster a best practice/best care mentality.
- Bring the library to the clinical unit.
- Celebrate/showcase clinical teams who are demonstrating improved care efficiencies and performance effectiveness.

Conclusion

The diversity of the participants' years of clinical experience and educational preparation reflected a variety of views about best practices. There was, however, an enthusiastic, shared sense of readiness on the part of this group to move beyond evidence-

based mandates and begin the developmental process. The respondents emphasized the need to begin with building clear understandings as to how "best practice" actually resonates at the bedside. Moreover, nurses need to clearly establish and make visible a lived philosophy of care that embraces a priority for best practices. Specific recommendations from the group mirror those expressed in the literature:

1. Develop a clear grassroots understanding of the current state of affairs and degree of readiness for practice changes.
2. Start the dialogue by gauging the degree of staff commitment and soliciting ideas about how to "make it happen."
3. Appraise to what extent nurses take ownership and responsibility for continuously updating clinical practices, given the competing demands of their daily responsibilities.
4. Solicit focused unit-based ideas for examining care efficiencies and/or effectiveness.
5. Establish performance review recognition and systemwide reward mechanisms for organizing and implementing clinical best practices.
6. Allocate budgetary resources to directly support the development of best practices through equipment and/or clinical nurse leader positions.

The information obtained from our exploratory study will be used to inform future organizational practice developments. Using these strategies builds an organizational culture of support, which is a known critical and sustaining element of evidence-based practice. In addition, the viewpoints, although not generalizable, do provide useful insights for administrators who are interested in promoting the use of evidence in practice. More importantly, the results emphasize the importance of beginning the journey with a grassroots view to clearly establish a best practices culture of care anchored and sustained through organizational support.

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