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Exploring the Influence of Geriatric Nurse Practitioners on Nurses' Perceived Barriers, Beliefs, and Implementation of Evidence-Based Practice in Geriatric Home Healthcare Settings in Israel

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Abstract

Investigating the influence of geriatric nurse practitioners (GNPs) on nurses' perceived barriers, beliefs, and implementation of evidence-based practice (EBP) in geriatric care settings in Israel would be a significant research endeavor. Exploring the influence of Geriatric Nurse Practitioners (GNPs) on nurses' perceived barriers, beliefs, and implementation of evidence-based practice (EBP) in geriatric care settings in Israel is a significant area of research with implications for improving the quality of care for older adults

Evidence-based practice (EBP) in nursing refers to performing a systematic search for and a critical appraisal of the recent best evidence to answer a burning clinical question. The use of internal evidence based on outcome evaluations as part of clinical experience has also been accommodated into the scope of the definition of EBP. Outcome evaluations are primarily performed in quality improvement projects often implemented in clinical practice. EBP uptake in various healthcare settings is a crucial strategy for improving healthcare quality and patient outcomes, reducing healthcare costs, and empowering clinicians.

Home healthcare refers to providing healthcare services to patients in their homes instead of hospital departments. Home healthcare is an innovative strategy that is widely implemented in Western countries like the United States, United Kingdom, Canada, and Australia as a way of curbing high healthcare costs and meeting the demand for healthcare services due to the increase in aging populations, increase in chronic morbidity, and the high workloads in hospital departments. In Israel, home healthcare is in its infancy. Still, due to the significant increase in the aged population and its success in other countries, it has received considerable public attention and political support. In Israel, older people aged 65 and above comprise approximately 11% of the total population, but the number of older people has been expanding rapidly in recent years. An expected increase in the geriatric population in 2050 is about 14% and about 2 million

Objectives: *The purpose of the study is to examine whether the presence of a GNP in a home healthcare service in Israel can positively impact the uptake of EBP by nursing generalists. To explore nurses' barriers and facilitators of EBP implementation in*

home healthcare settings in Israel. To examine the relationship between nurses' perceived EBP barriers, EBP beliefs, EBP implementation, and the presence/absence of geriatric nursing practitioner. To examine the strategies GNP could use to influence nurse generalists to implement EBP in routine care in home healthcare settings.

Methodology: The sources of information included PubMed, EMBASE, Web of Science, and Google Scholar. The review focused on studies published within the past five years (2018-2023) in reputable peer-reviewed journals in English.

Keywords: Geriatric nurse practitioners (GNP); Beliefs; Implementation of evidence-based practice; Influence of geriatric nurse practitioners; Perceived barriers

Introduction

Evidence-based practice (EBP) in nursing refers to performing a systematic search for and a critical appraisal of the recent best evidence to answer a burning clinical question (Melnik & Fineout-Overholt, 2018). The use of internal evidence based on outcome evaluations as part of clinical experience has also been accommodated into the scope of the definition of EBP (Melnik & Fineout-Overholt, 2018). Outcome evaluations are primarily performed in quality improvement projects often implemented in clinical practice. EBP uptake in various healthcare settings is a crucial strategy for improving healthcare quality and patient outcomes, reducing healthcare costs, and empowering clinicians (Melnik et al., 2016).

Home healthcare refers to providing healthcare services to patients in their homes instead of hospital departments (Levi et al., 2019). Home healthcare is an innovative strategy that is widely implemented in Western countries like the United States, United Kingdom, Canada, and Australia as a way of curbing high healthcare costs and meeting the demand for healthcare services due to the increase in aging populations, increase in chronic morbidity, and the high workloads in hospital departments (Levi et al., 2019). In Israel, home healthcare is in its infancy. Still, due to the significant increase in the aged population and its success in other countries, it has received considerable public attention and political support (Levi et al., 2019). In Israel, older people aged 65 and above comprise approximately 11% of the total population, but the number of older people has been expanding rapidly in recent years (Dwolatzky et al., 2018). Therefore, the demand for home healthcare services will likely increase significantly soon. Due to this sector's infancy, little research has focused on the quality of home healthcare services in Israel. Since EBP is one of the established ways of improving healthcare quality in various settings, it is imperative to investigate the extent to which nurses who work in home healthcare services for older people implement EBP and the role a GNP can play in promoting EBP implementation in such settings.

Problem Statement

According to Camargo et al. (2018), Israeli care nurses are likely to rely on EBP in decision-making if they have easy access to libraries full of medical and nursing journals and a computer in the workplace. However, the primary predictive barriers for EBP were their level of training, institutional support for searching and reading medical literature, and their ability to perform a systematic search to identify sources of evidence (Camargo et al., 2018). In the proposed study, the focus will be on the level of training in EBP uptake in the context of home healthcare services and whether the presence of geriatric nursing practitioners (GNPs) impacts the intake of EBP. Research has also shown that the quality of EBP

training provided to nurses is inadequate, implying significant gaps in EBP implementation in various home healthcare settings (Albarqouni et al., 2018). Since highly trained nurses (such as those with doctoral qualifications) like GNPs are more likely to rely on EBP than nurses with lower qualifications (Camargo et al., 2018), it can be anticipated that the presence of GNP in home healthcare services is likely to be associated with a greater extent of EBP implementation. Israel is among the countries whose quality of care in elderly residential homes is reportedly deficient, supported by poor patient outcomes like high mortality rates (Vetrano et al., 2018). A survey that utilized 532 nurses working in home healthcare services in 29 countries, of which 21 were from Israel, found that nurses continue to face many barriers when providing home healthcare services, among them personnel shortages, lack of time and resources, and educational barriers (Brant et al., 2019). Similar barriers like time and resource constraints and staff shortages have been reported in EBP implementation in long-term care facilities providing health services to the elderly (Dakka, 2022). However, no study has so far investigated barriers and facilitators of EBP implementation in the context of home healthcare services in Israel. Amid the rise in the number of older adults in Israel and the anticipated high demand for home healthcare services, it is imperative to examine the extent of EBP implementation in home healthcare settings and the specific roles that GNPs can play in promoting EBP implementation.

Purpose of the Study

The purpose of the study is to examine whether the presence of a GNP in a home healthcare service in Israel can positively impact the uptake of EBP by nursing generalists.

Research Objectives

- i. To explore nurses' barriers and facilitators of EBP implementation in home healthcare settings in Israel.
- ii. To examine the relationship between nurses' perceived EBP barriers, EBP beliefs, EBP implementation, and the presence/absence of geriatric nursing practitioner.
- iii. To examine the strategies GNP could use to influence nurse generalists to implement EBP in routine care in home healthcare settings.

Significance of the Study

The study's findings will help GNPs to play their leadership and collaborative role more effectively in promoting the uptake of EBP in the context of home healthcare services in Israel. The insights gained from the study's findings can also inform home healthcare

services' leadership and management on situating GNPs in practice contexts to enhance EBP uptake and improve patient outcomes and quality of care. Finally, the study's results can inform quality improvement initiatives related to EBP implementation in the context of home healthcare services.

Literature Review

The sources of information included PubMed, EMBASE, Web of Science, and Google Scholar. The review focused on studies published within the past five years (2018-2023) in reputable peer-reviewed journals in English.

EBP Implementation in Elderly Care

A systematic review by Dakka (2022) hinted that nurses in elderly care less often implement EBP as they face more barriers than facilitators. However, the systematic review used studies conducted in various countries, and none was performed in Israel. A systematic search of the identified databases did not yield a single study that has examined the extent to which nurses implement EBP or clinical practice guidelines (CPGs) in home healthcare settings in Israel. However, studies conducted in other countries agree with Dakka (2022) that there is a high likelihood that most clinicians do not implement EBP in elderly care (Awad & Hanna, 2019). Using the criteria for the Screening Tool to Alert Doctors to Right Treatment, they found that the highest prevalence of potentially inappropriate medications (52%) was related to prescribing medications without evidence-based clinical indications (Awad & Hanna, 2019). That means clinicians were reluctant to implement EBP when prescribing medications. Another study in the Netherlands surveying physicians involved in geriatric care revealed that only 8% of the 142 participants adhered to the national guideline recommendations on opioid prescription among the elderly (Martens et al., 2018). Even though the response rate was only 9% of the invited physicians, the findings suggest that clinicians in elderly care homes rarely implement EBP, probably due to possible barriers. These observations are consistent with another study conducted in the United States using a sample of 7,440 community-dwelling older people to characterise their use of rehabilitation services to mitigate fall risks (Gell & Patel, 2019). The authors found extremely low adherence to clinical guidelines for rehabilitative services for fall risk mitigation (Gell & Patel, 2019). In agreement, in their descriptive (quantitative) study, Duncombe (2018) used a sample of 100 nurses working in psychiatric, geriatric, hospital, and community settings to identify barriers and facilitators to EBP implementation in the Bahamas, where they found that more than 72% of the respondents had never tried to implement EBP in their workplace. Overall, levels of EBP implementation in elderly care in Israel are unknown. There is a lack of studies on EBP implementation in home healthcare settings in Israel, but evidence from other high-income countries like the United States can imply that Israel could also be facing similar EBP implementation challenges. Thus, it is imperative to investigate some of the barriers that have been reported in elderly care.

Barriers to EBP Implementation in Elderly Care

Although many studies conducted in various settings have investigated barriers to EBP implementation in various healthcare settings, there is a general scarcity of studies in the context of elderly care in home healthcare settings. Dakka (2022) retrieved studies published between 2012 and 2022 focused on palliative

care, whereby most care receivers were the elderly. They found that the main barriers to EBP implementation in palliative care included lack of time and resources, knowledge and skills to identify and critically appraise studies, lack of readiness for organisational change, and negative attitudes towards elderly care (Dakka, 2022). The author agreed with Nilsen et al. (2018), who investigated barriers and facilitators of EBP implementation in palliative care nursing homes in Sweden. The authors also emphasised that nurses experienced time pressures, lacked appropriate resources, had negative attitudes towards palliative care, and lacked readiness for organisational change (Nilsen et al., 2018). Nilsen et al. (2018) interviewed nurses and nurse managers, which indicates that a qualitative methodology is mainly used to investigate barriers and facilitators to EBP implementation. However, some studies use a descriptive design to investigate barriers. For example, the main barriers found in the descriptive study Duncombe (2018) conducted were a lack of resources to implement EBP and a lack of knowledge and skills to identify and critically appraise available best evidence due to limited training in research methods. Another descriptive (quantitative) study that used a cross-sectional time horizon found that registered nurses in a geriatric setting in Japan found that nurses, compared to physicians, had the highest tendency not to implement EBP, the main barrier being a lack of skills and knowledge to identify and critically appraise studies (Boström et al., 2018). Most studies investigating barriers to EBP implementation have been conducted in long-term care facilities for the elderly. No study has so far focused on home healthcare services in Israel. There are many differences between providing care in a hospital department and the patient's home. A hospital department is a standardized setting with access to computers, but such variables are likely to significantly differ from one patient's home to another. Therefore, it is also essential to identify the specific barriers and facilitators of EBP implementation in home healthcare settings.

The GNP Role in EBP Implementation

A GNP can theoretically act as a clinical champion to motivate and facilitate staff to implement EBP. A systematic review revealed that clinical champions could play a crucial role in assisting with faster initiation and persistence in EBP implementation, such as novel evidence-based interventions, facilitating overcoming barriers, and motivating and encouraging staff in EBP implementation (Wood et al., 2020). However, the authors focused neither on geriatric settings nor home healthcare contexts. Instead, they focused on mental health settings, excluding dementia and geriatric cognitive disorders, which mean the findings, are generally not applicable in geriatric and home healthcare settings. In agreement, Zhao et al. (2021) used qualitative interviews to investigate barriers and facilitators to implementing a quality improvement initiative in nursing homes in China, including EBP, whereby some of the interviewees (nurses) indicated that if an experienced and enlightened nurse appointed as a champion in a unit, she can provide mentorship to others thereby encouraging and motivating them. Although the studies were conducted in different settings other than home healthcare, it can be argued that a GNP can play a crucial role in EBP implementation. Based on these observations, the following hypotheses were developed for the proposed study:

H1: Nurses working with a geriatric nursing practitioner will report lower perceived barriers to EBP implementation than nurses working without a geriatric nurse practitioner.

H2: Nurses working with a geriatric nursing practitioner will have more positive EBP beliefs than nurses working without a geriatric nurse practitioner.

H3: Nurses working with a geriatric nursing practitioner will have higher EBP implementation scores than nurses working without a geriatric nurse practitioner.

Knowledge Gaps

Only a few studies have been conducted in the United States and the Bahamas showing that nurses working in home healthcare services less often implement EBP in their routine care. No study has focused on the Israeli home healthcare services sector. Even the studies conducted in other countries have not examined the roles GNP's can play in promoting EBP implementation by nursing generalists working in home healthcare settings. The proposed study will address these knowledge gaps.

Ethical Considerations

First, ethical approval will be sought from the Institutional Review Board (IRB). For IRB to approve the study, the researcher must indicate how confidentiality and privacy will be dealt with and how informed consent will be handled (Denscombe, 2020). Participants will not be identified using personal identification information like name or phone number. Instead, pseudonyms will be used to protect their privacy. The interviews will be audio-recorded. The audio clips will be stored in a password-protected OneDrive folder, limiting their access to the researcher only to uphold confidentiality. Before the interviews are undertaken or the questionnaires are administered, participants will be provided with an information sheet indicating the purpose of the study, how it will be conducted, how the information will be handled, and any associated risks and harms. Afterward, they will be asked to sign a consent form.

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