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The Geriatric Nursing Practitioner as a Promoter of Evidence-Based Practice

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Abstract

proposal of research and A systematic review ---

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.

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

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

The findings of this literature review have indicated minimal EBP implementation by nurses working in various geriatric settings. Thus, the rationale for conducting this study was supported further by suggesting why it is significant to conduct more research on EBP implementation gaps and barriers, and facilitators

The study's findings will help GNPs to play their leadership and collaborative role more effectively in promoting the uptake of EBP in elderly nursing homes in Israel. The insights gained from the study's findings can also inform hospital 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 elderly nursing homes.

Keywords: Evidence-based practice (EBP); geriatric nursing practitioner (GNPs); promoter; home health care; elderly

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). Recent studies have shown that the uptake of EBP in various long-term care facilities, including care homes, is wanting as nurses face many barriers, including work overloads and time pressures (Dakka, 2022). The problem is likely to be more pronounced if the nurses in that nursing home have negative attitudes towards their professional roles, lack readiness for organizational change or experience process-specific difficulties, such as a lack of skills to search academic databases and identify quality research through clinical appraisal (Dakka, 2022). Therefore, palliative care, including for older people (geriatrics), is falling short of quality standards. There is an urgent need to find solutions to advancing or improving the uptake of EBP in nursing homes to improve healthcare quality and patient outcomes.

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 nursing homes and whether the presence of geriatric nursing practitioners (GNPs) impacts the intake of EBP in nursing homes in Israel. Research has also shown that the quality of EBP training provided to nurses is inadequate, which could be why many nurses cannot identify high-quality evidence (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 a nursing home may induce a culture of EBP through the support they could provide to nursing generalists. 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). Therefore, there is an urgent need to find solutions for improving the quality of care by promoting the uptake of EBP among medical professionals and nurses. As a nurse leader, when finding solutions to an existing problem, one of the recommended approaches is to look for opportunities within the setting of the problem and exploit them to provide short and long-term solutions (García-Sierra & Fernández-Castro, 2018). Indeed, nursing practitioners like GNPs have additional responsibilities in ensuring that they not only use EBP in their level of patient care but also in leading and collaborating with interdisciplinary teams to implement EBP across various patient groups, including embedding the change into routine care (Clarke et al., 2021). Unfortunately, research has also highlighted that nursing practitioners face similar barriers to EBP

implementation with nurse generalists, such as time and resource pressures, lack of EBP competence, and lack of support from colleagues and managers (Clarke et al., 2021). However, they have positive attitudes and perceptions toward EBP, a critical strength that could be exploited to promote EBP uptake in elderly residential homes in Israel. No study has so far demonstrated the roles GNPs can play and the strategies they can execute to promote EBP uptake by nurse generalists in elderly residential care settings.

Purpose of the Study

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

Research Objectives

- i. To investigate whether the presence or absence of a GNP in Israeli nursing homes can impact the uptake of EBP by nurse generalists.
- ii. To explore the roles a GNP can play to lead and collaborate with interdisciplinary teams to implement EBP across various patient groups.
- iii. To examine the strategies GNPs could use to influence nurse generalists to implement EBP in routine care.

Research Questions

RQ1: Compared to the absence of a GNP, can a GNP in an Israel care home promote EBP implementation by nursing generalists?

RQ2: What strategies do GNPs utilize to influence nursing generalists to implement EBP in caring for older people admitted to nursing homes?

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 elderly nursing homes in Israel. The insights gained from the study's findings can also inform hospital 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 elderly nursing homes.

Literature Review

This chapter provides a summary of studies that have examined EBP implementation in elderly care settings. 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 Homes

A systematic review conducted by Dakka (2022) hinted that nurses working in elderly care homes and providing palliative services to older people 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 elderly care homes 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 homes

(Awad & Hanna, 2019). The authors conducted their study in Kuwait, aiming to identify the prevalence of potentially inappropriate medications using a cross-section design in 10 primary care settings with specialized geriatric centers. 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 even when prescribing medications. Another study in the Netherlands surveying physicians involved in long-term 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 older people to characterise their use of rehabilitation services to mitigate fall risks (Gell & Patel, 2019). Although the study was conducted among community-dwelling older adults, 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 settings in Israel are unknown. The studies conducted in other countries cannot be generalised to Israel due to differences in healthcare systems and public policies.

Barriers to EBP Implementation in Elderly Care Homes

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 homes. 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). Therefore, it is imperative to investigate a GNP's role in promoting EBP implementation among nurses and other professionals.

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 did not focus on geriatric settings. Instead, they focused on mental health settings, excluding dementia and geriatric cognitive disorders, which means the findings are generally not applicable in geriatric 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. Therefore, based on these studies, it can be hypothesised that a GNP in an elderly care home can serve the purpose of a clinical champion and promote EBP implementation. However, it is unclear whether the GNP must be appointed as a champion by the managers to play these roles or simply a presence can serve the same purpose.

Knowledge Gaps

The findings of this literature review have indicated minimal EBP implementation by nurses working in various geriatric settings. Thus, the rationale for conducting this study was supported further by suggesting why it is significant to conduct more research on EBP implementation gaps and barriers, and facilitators. Further, it was demonstrated that nurses face many barriers to EBP implementation, insinuating that they need assistance. Studies conducted elsewhere have suggested that clinical champions, nurses with a better experience in EBP implementation, can motivate and encourage others to implement EBP. However, none of the studies demonstrated the role of a GNP in promoting EBP implementation. GNPs have advanced training in research methods and are expected to have better knowledge and skills in identifying and critically appraising the latest best evidence. Hence, they can form good clinical champions. Therefore, understanding their roles can contribute significantly to the evidence base on overcoming challenges to EBP implementation in elderly care homes in Israel.

Ethical Considerations

The study utilises human participants. Therefore, various ethical issues must be addressed. 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, 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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