ORIGINAL RESEARCH

Hospital nurses' perceptions associated with implementing multiple guidelines: A qualitative study

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Abstract

Background: Despite an increasing focus of integrating new knowledge and evidence into practice, implementation of research into practice is still under researched. Less attention has been paid to how nurses perceive the impact and outcomes of participating in Evidence Based Practice (EBP) implementation on themselves, their colleagues, and their patients. EBP is the use of scientific evidence to direct patient care whereas best practice guidelines are tools which guide clinical care to integrate best evidence into practice. Given the importance of EBP implementation linked to better patient outcomes, research is required to understand how nurses perceive being involved in implementation of EBP. This paper provides an overview of a study that was undertaken to explore nurses' perceptions of being involved in implementing multiple best practice guidelines at one organization.

Methods: A two phased qualitative design was employed in this study. The first phase involved interviews and focus groups with 116 nurses. The second phase included a return of findings of the key themes stratified by unit level data with 63 nurses. Data was analyzed using a directed content analysis approach.

Results: Four key themes emerged related to nurses' perceptions associated with implementation of multiple best practice guidelines dataset: having more credibility, being more mindful, increasing collaboration, and enhancing accountability.

Conclusions: The evidence derived from this qualitative study contributes to the body of knowledge around EBP and best practice guideline (BPG) implementation. Study findings may be used by nurse leaders in their efforts to ensure learning opportunities focus on equipping new nursing staff and reminding existing nursing staff of the principles of EBP and BPG implementation.

Key words

Nurses, Evidence based practice, Best practice guidelines

1 Background

Increasing complex health care needs and the current focus on accountability require a shift towards high quality care that is patient-centred, evidence-based, and outcome-oriented [1-3]. This shift requires nurses, the largest group of direct care

providers in health care, to be full partners in care by taking responsibility for identifying problems, devising plans for improvement, monitoring improvement over time, and serving as strong patient advocates[4, 5]. To achieve full partnership with other health care professionals and people receiving health care, nurses must be able and supported to interpret, translate, apply, and evaluate new knowledge and evidence into clinical practice [3]. Nurses' ability to provide evidence-based care in practice is contingent upon several critical factors, including, but not limited to, possession of competencies required to translate empirical findings into practice and organizational commitment for nurses to engage in evidence-based care [6-9]. Over the last decade, key strategies for nurses to improve patient care have included implementation of evidence-based clinical and professional guidelines and strategies [10-14].

However, despite an increasing focus of integrating new knowledge and evidence into practice, implementation of evidence based practice is still under researched [13, 15, 16]. Most research on evidence-based practice (EBP) implementation has focused on nurses' attitudes and perceptions towards EBP [1, 17, 18] and characteristics and factors that influence successful and failed efforts of EBP implementation [16, 19, 20]. Recently, a systematic review reported that educational interventions to improve nurses' judgments and decisions are complex and the evidence from comparative studies does little to reduce the uncertainty about what works [21]. Less attention has been paid to how nurse perceive the impact and outcomes of participating in EBP implementation on themselves as nurses, their nursing colleagues, and their patients [18]. The majority of the studies have been limited to investigation of the implementation of a single guideline, while there is a lack of studies about the nurses' perceptions relative to the implementation of multiple practice guidelines. In this context, a study was undertaken to explore nurses' perceptions of being involved in implementing multiple best practice guidelines at one organization.

2 Methods

2.1 Intervention description

Table 1. Selected Best Practice Guidelines (BPGs)

BPG	Description
Corporate BPGs	
Establishing Therapeutic Relationships (ETR)	Nurses implemented the ETR BPG corporately.
Professionalism in Nursing (PIN)	Nurses implemented the PIN BPG corporately.
	The following strategies were enacted at a corporate level: • Embedded PIN & ETR recommendations into existing structures (councils, committees, forums, rounds, awards, orientation program) and processes (role description/performance appraisal tool) to enhance professionalism in nursing and therapeutic relationships. • Discussed PIN & ETR recommendations at councils and committees (Nursing Advisory Council and related committees and unit-based councils) and monthly nursing rounds structured in a way that directs an evaluation of processes of practice, education, and research. • Developed and implemented guidelines and templates for meetings, nursing rounds presentations, and awards criteria to facilitate purposeful attention to the central role of nurse-patient therapeutic relationships in quality care. • Built capacity and provided release time for nurses to engage in educational boot camps, sustainability and evaluation fellowships, and to develop, implement and evaluate BPGs.
Workplace Health, Safety and Wellbeing of Nurses – Workplace Violence	Nurses participated in the corporate workplace violence prevention assessment tool (WVRAT).

(Table 1 continued on page 33)

Table 1. (Continued.)

BPG	Description
Unit/Program Level BPGs	
Women Abuse: Screening, Identification and Initial Response	Nurses incorporated routine universal screening for woman abuse assessment into their routine practice and provided local resources and supports to patients.
Stroke Assessment Across the Continuum of Care	Nurses incorporated the assessment and/or screening of adult stroke survivors using the National Institute of Health Stroke assessment scale into part of the routine nursing assessment for this patient population.
Screening for Dementia, Delirium and Depression in the Older Adult	Nurses incorporated standardized assessments to differentiate dementia, delirium and depression into their daily practice.
Promoting Continence Using Prompted Voiding	Nurses implemented a treatment program of prompted voiding for older adults with urinary incontinence.
Interventions for Postpartum Depression	Nurses incorporated universal screening for post-partum depression into their daily practice.
Breastfeeding	Nurses promoted early breast feeding for mothers and infants post-delivery.
Assessment and Device Selection for Venous Access	Nurses focused on selecting the appropriate vascular access device as well as education and practice on best practices for insertion.
Strengthening and Supporting Families through Expected and Unexpected Life Events	Nurses focused on enhancing family centered care for patients in the intensive-care settings.
Crisis Intervention	Nurses implemented crisis plans within the mental health services to enhance care and support patients during times of crisis to improve individuals' access to appropriate care.
Developing and Sustaining Effective Staffing and Workload	This BPG was not implemented.
Nursing Management of Hypertension	Nurses focused on consistent assessments to more accurately identify and monitor for hypertension as well as prompted conversations and information for patients with hypertension.
Embracing Cultural Diversity in Healthcare: Developing Cultural Competence	Nurses implemented cultural diversity initiatives to assist with language barriers.
Integrating Smoking Cessation into Daily Nursing Practice	Nurse incorporated smoking assessments into patient admission assessments with referrals and interventions both in-hospital and at discharge for those wanting support in smoking cessation.
Assessment and Management of Foot Ulcers for People with Diabetes	Nurses incorporated standardized assessment and management of patients with diabetic foot ulcers.

Key sources of evidence for nurses to use to facilitate the integration of research and practice are best practice guidelines [22] and clinical guidelines [23]. The Registered Nurses Association of Ontario (RNAO) launched the Nursing Best Practice Guidelines Program in November 1999, and to date there are 44 published best practice guidelines (BPGs). In April 2012, our large urban acute academic health science centre located in Toronto, Canada in which the study was conducted became a RNAO Best Practice Spotlight Organization (BPSO). Prior to our BPSO designation, we embarked on implementing three of the RNAO's BPGs (one Clinical and two HealthyWork Environment) into clinical and organizational practice across the institution. In addition, fourteen other guidelines (twelve Clinical and two Healthy Work Environment) were initially selected for implementation on clinical units by local implementation teams. One guideline (Developing and Sustaining Effective Staffing and Workload) was not implemented. The development and roll-out of the guidelines occurred in a phased, sequential approach over a two year period. Underpinning this approach was the aim to develop capacity for professional and evidence-based practice through a 'communities of practice' model that leverages 'champions' to embed the best practice guideline implementation plans at the local clinical levels (see Table 1).

2.2 Design and procedures

Ethics approval was obtained for the interviews and focus groups as well as an amendment to conduct return of findings from both the organizational and university research ethics boards. The interview guide was pilot-tested for face validity with seven members of the hospital's BPSO Steering Committee. The recruitment process for the initial set of interviews and focus groups involved contacting the nurse manager or educator on each unit and arranging days to conduct interviews. The manager/ educator approached staff members scheduled to work on the selected days to determine interest in participating; interviews were scheduled in advance of nurses' shifts. Interviews and focus groups were conducted from June-August 2011 by research assistants who were trained by the Principal Investigator (PI), an experienced qualitative researcher (LJ), to ensure consistency. The recruitment process of the return of findings focus groups involved nurses being approached by their nurse manager for participation based on who was working on the days the interviews or focus groups were scheduled. The study was explained by the research coordinator and informed consent obtained. Focus groups were conducted from September-December 2011 by a research coordinator with previous experience conducting interviews and additional training by the PI (LJ).

Interviews and focus groups were audio-taped and transcribed for analysis. Data was analyzed using a directed content analysis approach [24, 25]. Specifically, our analytical process involved three investigators who independently reviewed all transcripts line-by-line to identify sections of text that serve as codes, and these were then rolled up to categories. From this cross-checking measure, reliability amongst the research staff was determined and the remaining analysis of transcripts was iterative in nature where development of themes, sub-themes, and sub-categories were added to reflect variations in data. As part of this process, similar codes were grouped together to form overall themes and categorical data in the form of a coding schema. To ensure methodological rigor and trustworthiness of the dataset the PI developed an audit trail that included the triangulation of responses to the open ended questions and the summative content analysis [24, 25]. In addition, the PI applied the emergent coding schema with all of the original transcripts to create a revised coding schema. This revised coding schema was then reviewed and consensus was achieved with research staff. The return of findings also served as a member checking measure.

3 Results

3.1 Sample description

A total of 116 Registered Nurses were interviewed or participated in focus groups. However, demographic data were only available for 103 participants (see Table 2) and 63 Registered Nurses participated in the return of findings focus group sessions (see Table 3). The final sample drew from many different clinical areas (ranging from ambulatory care to critical care to palliative care) who had participated in implementing at least one best practice guideline.

3.2 Emergent Themes

Four key themes emerged related to nurses' perceptions associated with implementation of multiple best practice guidelines from all interviews and focus groups conducted in both phases of the study: having more credibility, being more mindful, increasing collaboration, and enhancing accountability.

Table 2. Interview and Focus Group Participant Demographics (n=103)

Total Years Nursing	Years in Current Role	Clinical Area		
< 5 years (n=37) 36%	< 5 years (n=44) 43%	General Surgery	(n=9)	9%
5 - 10 years (n=22) 21%	5- 10 years (n=26) 25%	Mental Health	(n=8)	8%
11 - 20 years (n=22) 21%	11- 20 years (n=20) 19%	Respirology	(n=7)	7%
>20 years (n=22) 21%	> 20 years (n=13) 13%	Internal Medicine	(n=6)	6%
		Endoscopy	(n=6)	6%
		Cardio-Vascular ICU	(n=6)	6%
		Obstetrics & Gynecology	(n=6)	6%
		Emergency Department	(n=6)	6%
		In-Patient Orthopedics	(n=6)	6%
		Oncology/Medical Day Care	(n=6)	6%
		Coronary Care Unit	(n=6)	6%
		Peri-Operative	(n=5)	5%
		Neuro-Trauma ICU	(n=5)	5%
		Medical-Surgical ICU	(n=5)	5%
		Cardiovascular	(n=5)	5%
		Diabetes Program	(n=5)	5%
		Neurology	(n=4)	4%
		Ambulatory Clinics	(n=2)	2%

Notes. 1 % is rounded up the decimal point so some % are not exactly 100%. 2. ICU = Intensive Care Unit

Table 3. Return on Findings Focus Group Participant Demographics (n=63)

Total Years in Hospital	Years in Current Role	Clinical Area		
< 5 years (n=17) 27%	< 5 years (n=25) 40%	General Surgery	(n=9)	14%
5 - 10 years (n=8) 13%	5 - 10 years (n=19) 30%	Emergency Department	(n=6)	10%
11 - 20 years (n=16) 25%	11 - 20 years (n=12) 19%	Diabetes Program	(n=5)	8%
>20 years (n=22) 35%	>20 years (n=7) 11%	Oncology/Medical Day Care	(n=5)	8%
		Obstetrics & Gynecology	(n=5)	8%
		In-Patient Orthopedics	(n=4)	6%
		Coronary Care Unit	(n=4)	6%
		Neuro-Trauma ICU	(n=4)	6%
		Medical-Surgical ICU	(n=4)	6%
		Internal Medicine	(n=4)	6%
		Mental Health	(n=4)	6%
		Respirology	(n=3)	5%
		Cardio-Vascular ICU	(n=3)	5%
		Ambulatory Clinics	(n=3)	5%

Notes. 1. % is rounded up the decimal point so some % are not exactly 100%. 2. ICU = Intensive Care Unit. 3. Due to recruitment issues, return of findings were not able to be conducted on the endoscopy, neurology, peri-operative or cardiovascular units

3.2.1 Having more credibility

The first theme reflects nurses' description that their involvement in implementing best practice guidelines has enhanced their credibility with their nursing colleagues, other members of the health care team, and with patients. Study participants describe having a more prominent voice within the health care team and being more professional. Underpinning having

more credibility and confidence was acknowledgement of the knowledge and disciplinary specific practice that the nursing profession possess. The following three narrative quotes illustrate this theme.

> *"It gives the profession a lot more respect and credibility. It gives nursing a bigger voice."*

> *"I feel like for me it improved my professionalism, especially in front of the patient…the patients are surprised with how much we know."*

> *"Nurses are recognized for their professional practice and their independent practice in the interdisciplinary team."*

A key part of having more credibility was nurses reporting there was evidence for the care interventions they are providing to patients and family members as noted in the next two quotes.

> *"[Implementation of best practice guidelines provides] evidence of what we were doing."*

> *"You feel more confident because there is understanding that this is necessary, you have that backup."*

Another key part of having more credibility was nurses experiencing increased confidence in their work through new knowledge gained, being reminded of information they already knew, and knowing they could access appropriate resources. Specifically, participants told us that they are more confident and comfortable approaching and probing patients for information during assessments. This is noted by a nurse in the following narrative.

> *"When I was talking to the patient it's given me the confidence to dig a little bit more, like if a patient seems like they're not coping well at home. If I feel like I get enough information then I have someone else I can turn to, for instance, our social worker can provide them with a list of resources too. I can do something. I'm not sort of like okay, great, thanks for your time, see you. It's made me feel more comfortable about approaching that situation."*

3.2.2 Beingmore mindful

This second theme reflects how nurses describe that through their participation in implementing multiple guidelines they became more mindful of their practice and their impact on patient care. This theme describes how nurses' view of their practice has enhanced how they look at and interact with patients and assess their practice following best practice guideline implementation. Nurses describe a greater awareness of how they are perceived by patients/family members and are reminded that their actions represent the nursing profession as an entirety. Further, study participants report that they need to: keep patients and family members informed, reflect on their actions and how they may be perceived by others on a daily basis, and identify areas for personal growth and improvement. This theme is illustrated through the following narratives.

> *"We're more mindful of how we are perceived by our patients and their next of kin, we're more mindful of what we say and what we do and how we are perceived."*

> *"It gives us insight in our practice so we have a bit of understanding of what we do and what we're about it gives us insight to look at ourselves differently as a profession and see we are representing our profession."*

> *"It makes you step back and look at how you're actually addressing [patients] and improve on how you're doing things because maybe I thought I was presenting myself in a way that was trusting for them but now it's like, okay, let's look at this again. How can I communicate better with her so that she can trust me".*

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3.2.3 Increasing collaboration

The third theme reflects the study participants' view that their participation in implementing best practice guidelines also increased collaboration with nursing colleagues and other health care disciplines. This increased collaboration led to greater understanding of individual patient's plan of care, more thorough documentation, and has made their work more meaningful by working as a team. Nurses' role and work become more transparent to patients by making them aware of when they were bringing concerns around patient care to other team members. The following narratives illustrate this.

> *"It's made us more aware to collaborate more and to also...inform the patients that we're going to be collaborating with regards to their concerns. It's also allowed the other services to remind them to collaborate with us, that we're all working together."*

> *"Collaborating with the doctors, then other nurses, and physio, all those other teams that provide care for the patient, it is much better for that patient and for us when it comes to passing on information and understanding what's happening, their plan of care, and their discharge plan."*

> *"It does help when you're reporting off to the next nurse. So it does build collaboration between patient and nurse, and nurse to nurse. Because if you get a crisis plan done with a patient, it also gives you information that you could pass on to the next team that's coming on as to this is what was discussed, this is what the patient felt helpful, this is something you might want to avoid if this happens. So that collaboration between that three I think happens."*

3.2.4 Enhancing accountability

The fourth theme reflects nurses' description that their involvement in implementing best practice guidelines enhanced their accountability. This theme reflects study participants' view that either being taught or reminded of best practice guidelines increased their autonomy when caring for patients. Nurses also describe an increased sense of autonomy in their learning as they became more aware of their accountability to remain up-to-date with current practices. As illustrated in the following two narratives, participants described feeling more autonomous in their decision making for patient care and their profession.

> *"It teaches you to be more accountable, it teaches you to have more self-awareness of where you stand, it teaches you to be more autonomous in your decision making...as nurses we are professionals who we are expected to gain our own knowledge and be accountable."*

> *"It makes you feel more autonomous, to be able to make your own decisions, and it gives you more of a sense of control of your profession and your career."*

4 Discussion

To our knowledge this is the first study that focuses on nurses perceptions of the impact and outcomes associated with implementing multiple best practice guidelines. Our study findings suggest that being involved in implementing multiple best practice guidelines enhanced nurses' ability to be more credible, mindful, collaborative, and accountable. Study findings add to the small, but growing body of evidence around the impact and outcomes associated with the implementation of BPGs.

Our themes of 1) having more credibility; 2) being more mindful; and 3) increasing collaboration as a result of implementation of BPGs is echoed in a recent study that explored hemodialysis nurses' perceptions associated with implementation of RNAO's Assessment and Management of Foot Ulcers for People with Diabetes BPG [18]. In this study, case managers perceived front-line nurses who participated in a BPG implementation initiative to be more holistic and adept in their approach to assessing foot ulcers in diabetic patients [18]. In our study, having more credibility and being more mindful were further elaborated on as nurses became more confident in their knowledge, skill, and ability to provide evidence-based care through reflective practice. Nurses also reported that patients recognized how knowledgeable the nurses were around their plan of care. This finding is important and adds to other research that links patient satisfaction with nursing care with nurses explaining medical treatments and nursing care and being attentive to patients [26]. Nurses also described how implementing evidence-based practice enabled them to demonstrate their unique body of knowledge and improved their credibility to patients and colleagues alike. This later finding is important as the dedication to the provision of nursing care based on the best evidence provides other disciplines with which nurses collaborate with, confidence that the nursing interventions are the most effective way to care for patients [5].

Our study finding of increasing accountability as a result of implementation of BPGs is consistent with other research that demonstrated that professional development opportunities enhanced nurses' ability to translate and apply evidence into daily clinical practice [4, 27, 28]. Similar to our findings, one study found that nurses reported being better nurses and improving patient outcomes as a result of their participation in a nurse-led quality improvement program [5].Our participants also described being accountable to the nursing profession and the patients they are providing care to. This view is consistent with the definition of accountability as nurses being accountable to themselves (adhering to nursing standards in their own practice), the public, their colleagues, and other health care professionals [29].

5 Implications

Given that quality of care is a property that emerges out of building and sustaining a culture of professionalism [30], our study findings have important implications for nurse leaders in their efforts to engage nurses in EBP and implementation of BPGs. Clearly corporate support and expertise around EBP coupled with nurses' pride of ownership and engagement in reflective practice are essential elements for successful BPG implementation.This requires ongoing investment in dedicated resources to support nurses to interpret, translate, apply, and evaluate new knowledge and evidence into clinical practice[3,6-9]. Moreover, leaders can acknowledge and use study findings around how nurses increased their credibility, mindfulness, collaboration, and accountability to further engage nurses in implementing EBP and BPGs into their daily practice. Key to these efforts are ensuring that learning opportunities focus on equipping new nursing staff and reminding existing nursing staff on the principles of EBP and BPG implementation.

While this study revealed four key themes, two limitations should be noted. Overall, the transferability of study findings is limited in the following two ways. First, the cohort of study participants was drawn from one hospital and study findings may not hold true in different health care settings. Second, the data analyzed was from nurses self-reporting of their experience with implementation of multiple best practice guidelines in one organization. These limitations are inherent in qualitative research and mitigating steps were taken with the sampling strategy that drew from several different clinical units.

6 Conclusions

This study contributes to the empirical evidence towards the body of knowledge around EBP and BPG implementation and suggests that involvement in BPG implementation enabled nurses to have more credibility; be more mindful; increase their collaborations with each other, other disciplines, and patients; and enhance their accountability. As part of the quality and safety agenda, nurse leaders need to invest in resources and expertise to work with nurses to interpret, translate, and

evaluate new knowledge and evidence into their daily clinical practice. Further research is needed to explore the perceptions and examine the impact on nurses' professionalism associated with being involved in EBP and BPG implementation. Of particular importance are longitudinal, mixed methods designs that follow over time to determine the short and medium term impact and sustainability of BPGs.

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