Evidence Based Practice in Nursing

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Course name:

evidence based Nursing

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Definition

The Iowa model focuses on organization and collaboration incorporating conduct and use of research, along with other types of evidence . Since its origin in 1994, it has been continually referenced in nursing journal articles and extensively used in clinical research programmes (LoBiondo-Wood and Haber, 2006). This model allows us to focus on knowledge and problemfocused triggers, leading staff to question current nursing practices and whether care can be improved through the use of current research findings . In using the Iowa model, there are seven steps to follow

Stages Of The Iowa Model

The Iowa Model Revised to guide the process of evidence-based practice. The phases of the Iowa Model are listed below.

- Identify triggering issues / opportunities
- State the question or purpose
- Determine if the topic (i.e., question or purpose) is a priority
- Form a team
- · Assemble, appraise and synthesize body of evidence
- Determine if there is sufficient evidence for the practice change
- Design and pilot the practice change
- Determine if the change is appropriate for adoption in practice Integrate and sustain the practice change
- Disseminate results

Uses Of The Iowa Model

There are numerous examples of application of the Iowa Model to organizational practice change. A New York hospital applied the IOWA Model to the implementation of a critical care pain observation tool for pain assessment of non-verbal patients in an intensive care unit.

Nurses identified the problem trigger as a lack of an accurate pain assessment tool to rate pain levels in non-verbal patients. The unit governance committee from the surgical intensive care unit collaborated with a clinical nurse specialist to develop the question focus and search for evidence. After a thorough review of the literature, a decision was made to pilot a specific pain assessment tool. The group concluded that use of the measure resulted in improved patient outcomes and the use of the pain assessment tool was approved. A search of the literature demonstrated a wide variety of applications for the IOWA Model

Multiple reports by researchers have demonstrated successful use of the IOWA Model in a variety of settings to guide decisions and implementation for practice change. Practitioners, recordless of prior EPP experience, find

IOWA Model in a variety of settings to guide decisions and implementation for practice change. Practitioners, regardless of prior EBP experience, find the Iowa Model algorithm helpful. The model considers input from the entire organizational system, including the patient, providers, and organizational infrastructure, and involves nurses in each of the steps. An additional strength is the inclusion of a trial of the practice change before making the decision about implementation. Although implied, the model does not specifically address the process of making staff aware of the practice change.

References

- https://guides.library.manoa.hawaii.edu/nursing/ebn
- https://www.researchgate.net/publication/51466031_Introducing_evidence_into_nursing_practice_Using_the_IOWA_model
- https://ajner.com/HTML_Papers/Asian%20Journal%20of%20Nursing% 20Education%20and%20Research__PID__2018-8-4-24.html

According to the Rogers's diffusion of innovation model (Figure 1), Knowledge is produced when an individual is exposed to an existing innovation and acquires some understanding about its mechanisms and functions. To reach the Persuasion stage, the individual must form a view toward the innovation based on its perceived attributes (relative advantage, complexity, and so on.

heory was first discussed historically in 1903 by the French sociologist Gabriel Tarde (Toews, 2003) who plotted the original S-shaped diffusion curve, followed by Ryan and Gross (1943) who introduced the adopter categories that were later used in the current theory popularized by Everett Rogers. Katz (1957) is also credited for first introducing the notion of opinion leaders, opinion followers and how the media interacts to influence these two groups. The Diffusion of Innovation theory is often regarded as a valuable change model for guiding technological innovation where the innovation itself is modified and presented in ways that meet the needs across all levels of adopters. It also stresses the importance of communication and peer networking within the adoption process.

Stages Of The Diffusion of Innovations Theory.

The stages by which a person adopts an innovation, here are five main factors that influence adoption of an innovation, and each of these factors is at play to a different extent in the five adopter categories:

- Relative Advantage The degree to which an innovation is seen as better than the idea, program, or product it replaces.
- Compatibility How consistent the innovation is with the values, experiences, and needs of the potential adopters.
- Complexity How difficult the innovation is to understand and/or use.
- Triability The extent to which the innovation can be tested or experimented with before a commitment to adopt is made.
- Observability The extent to which the innovation provides tangible results.

Uses Of Diffusion of Innovation Theory

The DIT offers the theoretical support to analyze the diffusion of innovations, their adoption or rejection, as well as the understanding of how people react to the changes, proposed through the implementation of the technologies. These reactions not only encompass behavior, but also thought.

The DIT allows for a complex analysis of the diffusion of technologies, their applicability and context, considering that innovation must be compatible with sociocultural values.

Diffusion of innovations in services, products and knowledge in the health area has increased throughout history. Use of the DIT, either isolated or combined with other theoretical perspectives.

Such experiences confirm the possibility of successfully implementing technological innovations and apply them to the routing of care, research and study in Health.

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- https://sphweb.bumc.bu.edu/otlt/mphmodules/sb/behavioralchangetheories/behavioralchangetheories4.html
- https://www.researchgate.net/publication/344338279_Diffusion_of_Innovation
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Uses Of ACE Star Model

The model emphasizes applying evidence to bedside nursing practice and considers factors that determine likelihood of adoption of evidence into practice.

The ACE Star Model can be used by both individual practitioners and organizations to guide practice change in a variety of settings. The model has been used as a guide to incorporate EBP into nursing curriculum and is also easily understood by staff nurses, in part due to similarity to the nursing process. The emphasis on knowledge transformation contributes to validating the contribution of nursing interventions to quality improvement. Additionally, the translation stage includes clinician expertise and has potential to discuss patient expertise, but is not addressed in the model. Strategies for successful implementation of a practice change are less well defined, such as the organizational culture and context that influence adoption of a practice change.

References

 https://sphweb.bumc.bu.edu/otlt/mphmodules/sb/behavioralchangetheories/behavioralchangetheories4.html

Definition

The Star Model provides a focal point for evidence-based practice activities, including education and interdisciplinary research projects. Projects and investigations are concentrated on two objectives: (a) basic and professional level workforce development for EBP; and (b) the study of the processes and outcomes within evidence-based quality improvement. It study evidence synthesis, translation of evidence into practice, and healthcare provider and organizational change..

Stages ACE Star Model

The five model steps are:

- (1) Discovery of new knowledge;
- (2) Summary of the evidence following a rigorous review process;
- (3) Translation of the evidence for clinical practice;
- (4) Integration of the recommended change into practice; and
- (5) Evaluation of the impact of the practice change for its contribution to quality improvement in health care.rs:

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