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A STUDY TO ASSESS THE EVIDENCE BASED PRACTICE AMONG ICU NURSES AT SELECTED HOSPITALS IN LUCKNOW

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1. INTRODUCTION

Nurses use evidence-based practice (EBP) to make decisions about the health care of individual patients based on the best available scientific evidence and the patient's preferences. Nurses and midwives make up the largest group of health care providers and play a critical role in improving health care. High-quality, safe, effective, and time-sensitive care is expected of nurses in today's healthcare environment. Nurses' roles have grown to include advanced nurse practitioners and clinical nurse specialists as a result of their increased exposure to research and evidence-based care.

According to the Institute of Medicine, by the year 2020, approximately 80 percent of all decisions related to patient care should be based on scientific evidence. The use of research findings in nursing practise remains at best slow and arbitrary, despite the increasing availability of research findings and the widespread consensus on their importance in nursing. A worldwide problem, the "gap between research and practise" leads to subpar patient care. In order to achieve this, identifying the barriers and facilitators of evidence-based practises is a key strategy that can be implemented.

In order to deliver high-quality, cost-effective nursing care in Intensive Care Units, it is critical to have access to current, robust evidence. Ineffective use of research findings in clinical areas has negative consequences, such as inefficient use of resources, unsatisfactory patient outcomes, negative impact on quality, length of stay, increased costs and possible health complications.

Patients who received care based on the latest evidence had 28 percent better behavioural knowledge and physiological and psychosocial outcomes than patients whose care was based on traditional practise, as shown by a large body of data. In spite of the fact that nurses generally have a positive view of EBP, there are numerous obstacles to its implementation, both within the organisation and within the individual. EBP's staffing shortages include inexperienced workers, a lack of familiarity with the system, and an abundance of competing demands on their time.

2. METHODOLOGY

Intensive care nurses in Lucknow were included in this study, which used a quantitative cross-sectional design. Research on barriers to evidence-based practise among primary care nurses was carried out using self-reported questionnaires. The Nursing Research team discovered a gap in critical care nurses' knowledge and practise of research through a clinical research workshop. As a result, all of the care team's essential nurses were included in this study. The study lasted seven months in total, with data being collected over a three-month period. The survey was used to gather information from the respondents. Based on 95 percent of the confidence interval and a margin of error of 5%, the sample size was determined to be 300. After receiving 300 responses, the research team decided to call it a day.. Based on the results of a pilot study, the tool was changed to the Evidence-Based Practice Questionnaire (EBPQ). The questionnaire was completed in under 15 minutes by each participant, and it serves as an indication that they have given their informed consent to be included in the study. To address any participant concerns or questions, we provided ample opportunity for open dialogue.

3. RESULTS AND DISCUSSION

Obstacles within an organization include, but are not limited to, a nurse's lack of access to knowledgeable colleagues with whom to discuss research (55.6 percent) and a physician's refusal to cooperate with the implementation of research findings into clinical practise (63.2.0 percent) (54.1 percent) a lack of expertise in the facility's research staff was also cited as a problem (56.8 percent). Research-related items were the most common deterrents for HMC nurses when it came to using research evidence in their clinical practise. demographic variables and barriers to implementation of evidence-based practise by individual, research, and organisational aspects are demonstrated. Nurses' educational level, gender, and organisational barriers to evidence-based practise were found to have a statistically significant correlation (p 0.0001). Each item of evidence-based practise, i.e. the individual, research and organisational facets and designation is shown to be associated with the other Competitors of the intensive care nurse specialist A higher barrier with staff nurse, charge nurse, and head Nurse was found in comparison to INS when it came to patient willingness to accept treatment or procedure based on quality research result factor (mean: 1.8; $p = 0.006$) When compared to INS's findings on research barriers, the staff, charge and head nurses had more difficulty understanding statistical analysis (mean 1.9; $p = 0.03$), came to unjustified conclusions from research (mean 17; $p = 0.02$), found conflicting results in the literature (mean 1.3; $p = 0.01$) and found that research was not presented in a way that was easy to understand

(mean 1.5; p = 0.03). Physicians in INS were significantly less likely than staff nurses, charge nurses, and head nurses to cooperate with the implementation of results in Practice (mean 1.8; p = 0.01) when it came to organisational factors.

Other reported barriers to the implementation of Evidence-Based Practices include a lack of communication between doctors and nurses, a lack of research resources, a lack of willingness on the part of the staff to make changes, and the absence of a group or team to coordinate research ideas.

Participants noted that developing a core committee of experts to discuss ideas for improvement and having access to trained researchers within the unit were among the factors that could promote evidence-based practise. Having the leaders' encouragement and support for research, training, and education in EBP, Increase the number of studies conducted at your own facility. Journal clubs and clinical presentations on the latest findings and evidence-based practises are held monthly.

4. CONCLUSION

Researchers found that nurses face a wide range of barriers that are consistent with findings from prior international research. Strategies for reducing barriers and improving facilitators of research utilisation should be implemented to improve EBP. The results of this study, on the other hand, point out the importance of continuing education for nurses across the country.

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