



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Vision In Action: The Power of Evidence-Based Practice

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Scientific inquiry is a personal interest of mine. My interest was fostered by my parents and strongly influenced in both my school and workplace. Coming from a family of eleven children, our meeting discussions needed to be supported by justification and rationale. Our family was very competitive and everybody wanted to be a winner. In the end, we were required by our parents to come up with a consensus and the one who had the best evidence strongly influenced the rest. In addition, I was fortunate to complete my masters program at the Johns Hopkins University and work at the Johns Hopkins Hospital for more than 25 years. Both the university and the workplace consider research as routine phenomena. In talking to my professors or work colleagues, the words research, findings, evidence, research utilization, and outcomes are common terminology used on a daily basis. As a nurse manager, evidence-based practice is an expectation when developing a program, proposals, policies, protocols, budget related business, or simply brainstorming in a conversation.

From personal experience, I have seen positive outcomes that derived from the use of evidence-based practice, conduct of research, or research utilization. Like the majority of nurses, research was an intimidating process initially. I experienced the common barriers, such as lack of confidence, knowledge, resource, time, funding, and much more. Interestingly, when one focuses and commits on a specific desired goal, the barriers become secondary and things start to happen. My favorite example was when I had to justify the change of the nurse staffing budget because our staffing did not meet the ASPAN standards. I realized that this was a monumental task to accomplish, given that the institution did not have standards or even understand the staffing budget process for our unit. The budget has historically been based on inpatient or ICU calculations, which perianesthesia nurses realize do not work in our units. Faced with this dilemma, I purposely put aside all my barriers and focused on what evidence I should present to change a more than 100 year-old process in our institution. For one year, detailed data, which included patient volume and staffing hours, was collected, analyzed, and placed into a graph. A record of events/ outcomes as a result of short staffing was collated. Reasons for resignation and causes of low morale were obtained. Frequency of PACU's inability to accept more patients from the operating room and costs related to this were collected. Comparative hospital settings were called to discuss issues related to short staffing. Published articles were reviewed and presented as references. National staffing guidelines were assessed, and the ASPAN Staffing Guideline became a key document as it was the only clear staffing guideline that was published. In addition, the clinical and budgetary interpretations of the ASPAN Staffing Guideline made it more meaningful in the implementation of our strategic budgetary plan. All of these were summarized over a period of two years for the final presentation to the Hospital Finance Committee and Vice President of Nursing. The two years of pain we endured in completing this project was worth every minute. Not only did we get what we wanted, but the results of the hospital's support far exceeded our expectations. Both clinical and professional roles were taken into consideration in the budget planning. I am truly grateful to our institution, which values evidence-based practice.

Nursing research and evaluation of data go back over almost a century. Florence Nightingale started the detailed observations during the Crimean War. She observed and recorded details about the environment (ventilation, temperature, cleanliness, purity of water, and diet) and linked these observations to patients' outcomes. She realized that a clean environment reduced mortality in soldiers. Since the 1920s nursing research evolved. Case studies and research findings were published in nursing research journals. Nursing continues to advance practice to the present. In 1986, the National Center for Nursing Research

was established within the National Institute of Health and later became the National Institute of Nursing Research (NINR). In 2004, the NINR developed strategic goals, which included support for research opportunities, recognition of future areas of opportunities to advance research on high quality cost-effective care, and to contribute to the scientific base for nursing practice and dissemination of all these advances.

How do we advance our practice through research in our perianesthesia world? It is vital that our perianesthesia nursing practice is based on nursing research rather than tradition. A lot of our practices are ingrained in the daily practices, and sometimes we fail to question the rationale of the practice. We must start asking questions and find evidence to support our practice. We need to read nursing research articles, including practice findings, and then utilize these research findings at the bedside. Research is vital for developing policy, procedures, protocols, and standards of care. Use the standards and practice guidelines available from National Agencies like Agency for Health Care Research and Quality. ASPAN has developed two national guidelines on unplanned hypothermia and pain and comfort. Discuss your readings and knowledge acquired with your colleagues for the purpose of changing practice. We can advance our perianesthesia nursing practice with these small steps that we take each day.

As ASPAN President, one of my interests is the creation of an Evidence-Based Practice Model. A Strategic Work Team was developed under the leadership of Myrna Mamaril (ASPAN Director for Research) to address the conceptual model and define the implementation process. What difference will it make? We must strive to collaborate with the experts within our organization, as well as external experts. Our perianesthesia nursing practice, standards, education, and research committees, including other expert perianesthesia nurses, must work closer as partners in advancing our evidence-based practice to become recognized as leaders in perianesthesia nursing practice. For example, practice questions and standards must be answered and supported by evidence-based practice. Furthermore, the utilization of research findings and other evidences will provide a framework for our nursing approach. It guides the critical thinking process of reasoning and decision-making for perianesthesia nurses to practice in an organized manner. We have commenced on a long journey. We must continue to move forward...one step at a time. We must put our professional practice vision into action and challenge ourselves to start today.

REFERENCES

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