

Type: Research Paper

Subject: Evidence based Practice

Subject area: Nursing

Education Level: Masters Program

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Preferred English: US English

Spacing Option: Double

Title: Evidence-Based Practice Proposal - Section A: Organizational Culture and Readiness Assessment and Section B: Proposal/Problem Statement and Literature Review

Instructions: in order to formulate your evidence-based practice (ebp), you need to assess your organization. in this assignment, you will be responsible for setting the stage for ebp. this assignment is conducted in two parts: an organizational cultural and readiness assessment and the proposal/problem statement and literature review, which you completed in nur-550. section a: organizational culture and readiness assessment it is essential to understand the culture of the organization in order to begin assessing its readiness for ebp implementation. select an appropriate organizational culture survey tool and use this instrument to assess the organization's readiness. develop an analysis of 250 words from the results of the survey, addressing your organization's readiness level, possible project barriers and facilitators, and how to integrate clinical inquiry, providing strategies that strengthen the organization's weaker areas. make sure to include the rationale for the survey category scores that were significantly high and low, incorporating details or examples. explain how to integrate clinical inquiry into the organization. submit a summary of your results. the actual survey results do not need to be included. section b: proposal/problem statement and literature review in nur-550, you developed a picot statement and literature review for a population quality initiative. in 500-750 words, include the following: refine your picot into a proposal or problem statement. provide a summary of the research you conducted to support your picot, including subjects, methods, key findings, and limitations. general guidelines: you are required to cite three to five sources to complete this assignment. sources must be published within the last 5 years and appropriate for the assignment criteria and nursing content. prepare this assignment according to the guidelines found in the apa style guide, located in the student success center. an abstract is not required. this assignment uses a rubric. please review the rubric prior to beginning the assignment to become familiar with the expectations for successful completion. you are required to submit this assignment to lopeswrite. refer to the lopeswrite technical support articles for assistance. note: after submitting the assignment, you will receive feedback from the instructor. use this feedback to make revisions for your final paper submission. this will be a continuous process throughout the course for each section.

Evidence-Based Practice Proposal

Name

Institutional Affiliation

Course

Instructor

Date Due

Evidence-Based Practice Proposal

Section A

Organizational Culture and Readiness Assessment

An organizational culture survey tool was used in vital in determining organizational preparedness. Different tools could be used in the determination of organizational readiness. In this case, I used the culture acceleration survey as the main tool for evaluating the organization's readiness to implement evidence-based practice (EBP). The culture acceleration survey has different paradigms that affect the decision-making processes of the organization. Therefore, scores in each paradigm indicated the organization's preparedness in following particular paths in the implementation of EBP. The organization scored lowly in the innovation category (Al Thomairy et al., 2015). Specifically, there was a low-risk tolerance, change embracement, and lack of creativity.

The survey indicated that most members had a change-resistant culture. The organization was not well-positioned to adopt changes that would promote EBP within the institution. Resistant risks were also high since most members had a negative attitude toward the evidence-based practice. Change resistance was identified as the major organizational weakness in the implementation process of EBP. Nonetheless, excellent customer services were the main organization's strength. According to the survey, the institution scored high on customer focus and integrity. The organization had a high rating because it offered patient-centered care that resulted in the flawless execution of services. Besides, the survey showed a continuous improvement of services (Valle et al., 2017). The graph for medical errors reported over a given period indicated that the organization struggled to offer high-quality services to the customers. Patients' feedback showed a high level of organizational preparedness regarding the

implementation of EBP. The customer focus paradigm indicated a high level of integrity in the provision of services that, in turn, boosted clients' satisfaction.

The high scores of those paradigms could be used to educate the members on the importance of implementing evidence-based practices in the care provision. They should be convinced that EBP aligns with the organizational goals. That is, EBP would promote total commitment towards always doing the right thing in care provision. Therefore, members could be educated on how the evidence-based practice would help in attaining the organization's goals and realization of its vision. Customer focus is one of the main goals of the organization; hence a need for implementing evidence-based practices (Al Thomairy et al., 2015). Besides, the nurses should evaluate their practices as a way of implementing clinical inquiry. Specifically, they should focus on establishing evidence-based decision-making processes. Besides, nurses should ensure that they make well-researched conclusions. As a result, the quality of clinical inquiries would improve, hence promoting patient experience.

Section B

PICOT

Population- Heart failure patients

Intervention- Use of a smartphone-based program operated by care nurses

Comparison- A structured telephone support for self-care

Outcome- Reduced cases of hospitalizations and deaths and enhancement of the quality of life among congestive heart failure (CHF) patients

Time- Twelve weeks

Proposal/ Problem Statement

Among the heart failure patients (P), how does the use of smartphone-based programs operated by care nurses (I), compared to those who use structured telephone support for self-care (C), help to reduce the cases of patients' hospitalizations and deaths, or does it enhance the quality of life among the CHF patients (O) within a period of twelve of weeks (T)?

Research Summary

Cognitive Heart failure or CHF occurs when the heart is weak or unable to supply blood to the rest parts of the body, which results to the damaging of the heart muscles. Besides, the inadequate blood supply to the heart reduces the amount of oxygen in the body tissues, thus resulting to the death of heart tissues. Some symptoms of heart failure include breath shortness, cold sweat, fatigue, and nausea. CHF is a serious condition that causes tragic deaths among patients. However, modern technology, especially the use of smartphones technology could be used in the management of heart failure diseases. The use of smartphones could assist in ensuring that patients are always updated about the don's and don'ts during their medication periods (Al Thomairy et al., 2015). The use of mobile phone technologies has begun to alter the way services are offered in healthcare as caregivers have shifted to the use of smartphones in communicating with their patients. Smartphone programs have allowed physicians to communicate efficiently with their clients, hence improving the patients' outcomes. Besides, smartphone-based programs promoted research in cardiac health through effective data collection. Physicians are now using smartphone-based programs to make sound clinical decisions (Valle et al., 2017). Therefore, this is an analysis of whether the use of smartphone-based programs by care nurses could help in reducing the number of deaths, lower hospitalization cases, or improve the quality of life among heart failure patients.

Methodology

As an attempt to determine whether smartphone-based programs helps in reducing cases of hospitalization and deaths, an inquiry method of data collection was used throughout the study. It involved observing heart failure patients by visiting them in their homes and face-to-face interviews with different physicians. Caregivers were requested to complete questionnaires regarding how they consider smartphone-based programs in the management of CHF among different patients. Physicians were requested to rate the smartphone-based programs as either satisfactory or unsatisfactory. Remarkably, a systematic review of numerous literature materials on the impacts of technology in healthcare, and smartphone use in hospitals was employed in the study. The main subjects in the research included heart failure patients, nurses, and physicians.

Literature Review

The landscape for the medical profession has been greatly influenced by mobile technology. According to about 915 surveys, it is estimated that more than 80% of registered nurses and physicians use smartphone-based programs to provide care to their patients (Al Thomairy et al., 2015). Physicians have also been relieved from financial burdens through the use of smartphones in care delivery. For example, nurses and physicians do not have to travel for physical meetings with the outpatients. They remotely manage their patients without incurring many costs such as transport.

The use of smartphones in healthcare has helped in improving communication between caregivers and patients through the provision of real-time data. Physicians and nurses could now access the current patients' information through mobile phone apps or programs

(Valle et al., 2017). According to Valley et al. (2017), patients and care providers could easily access clinical information through smartphones as they need it. Besides, smartphones have made it easier for nurses to offer instructions or educate patients regarding their medication processes. For example, physicians could easily advise their heart failure patients through different smartphone-based programs concerning their diets, exercises, or how to take their medications.

Increased use of smartphones in the healthcare sector has led to increased productivity among caregivers. Nurses use smartphones to communicate with colleagues and patients promptly (Bautista et al., 2018). Consequently, effective communication in the health sector has led to better patient outcomes, especially among heart failure patients. For example, CHF patients communicate easily with their care providers, especially when there are concerns regarding changes in their weight or blood pressure. Patients could use different programs for checking body mass index (BMI) to keep their weight in control.

Findings

The study indicated that the use of smartphone-based programs promoted patients' outcomes. Mobile technology improves the quality of life among patients due to the increased productivity among the nurses. Besides, smartphones have made it easier for caregivers to collect real-time patient data that has reduced cases of medical errors in the management of conditions such as heart failure (Valle et al., 2017).

Limitations

The main limitation of the research was the unavailability adequate of literature materials regarding the use of smartphone-based programs in the management of heart failure conditions. Most literary works discussed the general use of smartphones in hospitals. Therefore, there is a

need for further studies to make certain that the topic of the use of smartphone-based programs in CHF is extensively researched (Valle et al., 2017).

References

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