

4. Implementation of Standardized Nursing Care Plans – Important Factors and Conditions

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Summary

The aim of this study was to use the “Promotion Action on Research Implementation in Health Services framework” (PARIHS) to explore important factors and conditions at hospital wards that had implemented Standardized Nursing Care Plans (SNCPs). Outcome was measured by means of a questionnaire based on the PARIHS-model.

Introduction

There is a lack of evidence about how to successfully implement standardized nursing care plans (SNCP), in various settings. SNCP is described as a printed general action plan that outlines the nursing care [1]. The plan includes nursing diagnosis, goal and planned interventions. According to a Swedish survey [2], the SNCP is used as a clinical guideline, although there is a lack of research behind it. Despite this criticism, the SNCP is a tool that helps nurses to define the mandatory level of nursing care as well as highlighting nursing care plans in patient records, something that has previously been found to be inadequate [3]. Nurses perceived that SNCPs increased their ability to provide the same quality of care to all patients and reduced the time spent on documentation as well as unnecessary documentation [4].

Important factors and prerequisites for the use of research results as well as changes in practical working methods in clinical practice can be described on the basis of the Promoting Action on Research Implementation in Health Services (PARIHS) theoretical framework [5]. According to PARIHS, successful change is based on the interaction between evidence, context and facilitation. The PARIHS framework defines evidence as research, clinical experience, patient experience and local data/information (systematically collected and evaluated). The context concerns the environment in which the change is implemented and is divided into culture, leadership and evaluation. Facilitation refers to processes aimed at implementing knowledge in a practical setting and requires a person (the facilitator) to assist the implementation in terms of aims, roles, skills and characteristic features. All of these factors can be placed in a continuum from low to high, and the implementation will be successful if all factors are at the high end.

Aim

The aim of this study was to use the PARIHS framework to explore important factors and conditions at hospital wards that had implemented SNCPs.

Method

We employed a retrospective, cross-sectional design and recruited nurses from four units at a rural hospital and seven units at a university hospital in the western and southern region of Sweden where SNCPs had been implemented. A selection was made of all

nurses who worked day/evening and/or night shifts in the various wards (n=276). A questionnaire was used for data collection, which was originally developed for measuring factors and prerequisites for the implementation of clinical guidelines on the basis of the PARIHS [6]. The questionnaire was revised for the present study in order to make it relevant for SNCPs and thus contained items based on the SNCPs recently used by the informants, an example of which they had enclosed in the response envelope.

Result

The total response rate after one reminder was 50 % (n=137). Ninety eight per cent of the respondents stated that they used SNCPs in their everyday work.

The basis of the SNCPs that the respondents enclosed with the questionnaire was, according to the respondents perception, mainly clinical experience, 59 % (n=81), and research, 45 % (n=62). Patient experiences were mentioned by 12 % (n=17) of the respondents, while 28 % (n= 39) did not know on what the SNCP was based.

The factors of greatest importance for implementation were that SNCPs were easy to understand and follow as well as being based on the relevant clinical standards and experience (Table 1).

The three most common implementation strategies were: reminders to apply the new method following the implementation 63 % (n=83), education before implementation 63 % (n=82) as well as an internal facilitator 62 % (n=82) Forty eight per cent (n=63) of the respondents did not know whether the SNCP had been

evaluated, while 21 % (n= 27) stated that an evaluation had taken place and 30 % (n= 39) that it had not (8 missing answers). The most common form of evaluation was based on the clinical experience of the staff as well as on patient records.

Total number of informants n=137	Yes	No	Don't know
Easy to understand (n=133)	93 % (n=124)	5 % (n=6)	2 % (n=3)
Easy to follow (n=132)	90 % (n=119)	8 % (n=11)	2 % (n=2)
In line with organisational norms (n=133)	88 % (n=116)	5 % (n=7)	7 % (n=9)
Based on clinical experience (n=132)	77 % (n=101)	2 % (n=3)	21 % (n=28)
Research based (n=133)	53 % (n=70)	7 % (n=10)	40 % (n=53)
Based on patient experience (n=131)	40 % (n=52)	14 % (n=19)	46 % (n=60)

Table 1: The factors of greatest importance for implementation. Several alternatives could be selected. The differences between the total and individual n represent missing data.

More than half of the respondents, 57 % (n=77), stated that they actively discussed/reflected upon the value of clinical experience in their clinical practice and 43 % stated that they actively discussed/reflected upon the value of patient experience at their ward.

Discussion

This study involves limitations that need to be pointed out. First, the response rate was only 50 %, which limits the conclusions that can be drawn from the result.

Secondly, in this study, we asked the respondents about their self reported perceptions of different aspects. Thus, no objective

evidence was provided to demonstrate if the SNCPs were based on research or the knowledge base behind the SNCPs.

The most common implementation strategy was the use of internal facilitators. A similar number reported that training before as well as reminders after the implementation were used, which leads us to the conclusion that this had been organised by the internal facilitator. External facilitators were only used to a small extent, thus we can conclude that external training rarely took place. Instead, the training was conducted within the context of the workplace, which indicates that this is the best method for implementing SNCPs.

The main reason for using SNCPs is to enhance the quality of care and implement evidence-based practice. The basis of the SNCPs referred to by the informants in this study mainly comprised clinical experience followed by research, while patient experience was rarely mentioned. According to the PARIHS framework, these three factors can be considered evidence [5]. It must be regarded as serious that nurses in the units studied did not consider research to be a priority. This agrees with Forsman et al. [7], who revealed that, one year after graduation, nurses were low users of research and even more so three years after graduation. Likewise, Rycroft-Malone et al. [8] found that the nurses did not consider research important. Since the nursing education today is highly academic and based on research, these results are worrying and require reflection.

Our study also demonstrates that few respondents believed that patient experience was used in the development of SNCPs, as does

a study of clinical pathways [9]. We believe that this is worrying, as one of the main benefits of SNCPs is that they enable the nurse to discuss the treatment goals and interventions with their patients, thereby ensuring their involvement in the care.

Implications and further research

Our study demonstrates that in order for SNCPs to be implemented in clinical practice, they need to be easy for the nurses to assimilate, thus enabling their use as a tool in clinical practice. Successful implementation of research based SNCPs requires internal facilitators with knowledge of evidence-based nursing. It takes time and knowledge to develop an SNCP. Therefore such work should be prioritised and co-ordinated to avoid every hospital or unit carrying out duplicate work.

More research is required to explore the reason why patient experience is not considered and how this situation can be improved. We also require more knowledge about why research appears to be of no interest to practising clinical nurses, as well as how their attitude can be changed.

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