tive working between administrators, practitioners, and researchers is essential if the goal of evidence-based practice is to be achieved.

The preceding discussion has highlighted some of the complexity of the clinical effectiveness agenda facing nurses in the U.K. Despite being clearly articulated in health policy, realizing the vision is more difficult. Although progress has been made at a national level in creating a supportive infrastructure, this has not necessarily been reflected at the local level. The remainder of this article outlines the work that has begun in one hospital in an attempt to develop an evidence-based culture in nursing.

Realizing the Vision: An Example of Collaboration

The Northern General Hospital NHS Trust in Sheffield, U.K., is a large acute teaching hospital of approximately 1,200 beds that employs over 1,500 full-time and part-time nurses. The hospital services are divided into 10 clinical directorates (e.g., surgical services, renal services), which bring together medical and nursing services associated with that particular specialty. A senior nurse administrator provides managerial and professional leadership within each directorate and the chief nurse works alongside other senior administrators responsible for the organization as a whole. Achieving evidence-based nursing care within an organization of this size presents an enormous challenge and at the same time an exciting opportunity. Consequently, in 1996 a small group of nurse researchers began work with nurse administrators, clinical nurse specialists, and practitioners on developing an evidence-based culture within the hospital.

Achieving evidence-based nursing care within an organization of this size presents an enormous challenge and at the same time an exciting opportunity.

In order to provide a focus to the activity, a decision was made to select one aspect of nursing practice that could be used as a vehicle for addressing broader issues of evidence-based practice. The nurse administrators proposed the management of risk assessment of pressure damage as an area that was relevant to nurses in all the directorates. Work thus far has concentrated on three phases: identifying the evidence, creating a climate for change, and promoting ownership at an organizational and an individual level.

Identifying the evidence

The original intention was to base the work on a systematic review of the prevention and treatment of decubitus ulcers undertaken by the NHS Centre for Reviews and Dissemination. However, a close scrutiny of the bulletin and a review of the wider literature on pressure damage found that the research evidence was inconclusive. It became necessary therefore to rely on what was considered best practice informed by clinical judgment and professional expertise. The existing clinical guidelines, drawn up by the skin care nurse specialist at the hospital, were based on evidence of this status.

Identifying the need for change

Before considering ways to develop evidence-based practice, two important issues needed to be addressed. Current practice
needed to be reviewed in order to determine the extent to which it conformed to best practice as outlined by the available evidence, and any barriers hindering the development of evidence-based practice needed to be identified.

Three approaches were taken to the review of existing practice. First a questionnaire assessing nurses' knowledge of risk assessment of pressure damage was completed by a purposive sample of 250 nurses drawn from all the clinical directorates. The sample represented the various grades and levels of experience of staff and reflected the relative size of each directorate. The questionnaire comprised 25 questions that were based on the hospital's guidelines for the management of decubitus ulcers and the wider literature. Second, a spot check audit of 100 patient records drawn from different directorates was undertaken in order to assess the extent to which current practice reflected recommended best practice. Finally, the hospital's written clinical guidelines for the prevention and management of decubitus ulcers was reviewed against the available evidence derived from the literature review.

In order to identify the potential barriers to developing evidence-based practice, a hospitalwide census of all qualified nurses was undertaken. Following a search of the available literature, it was decided to use an existing instrument, the Barriers questionnaire, which had been developed in the United States and shown to be of proven reliability and validity. After obtaining permission to use the questionnaire, it was piloted in order to check whether the use of language was clear to nurses in the U.K. Minor modifications were made before distribution. The 40-item questionnaire sought nurses' opinions on the perceived barriers to research utilization in four domains, these being (1) barriers to do with the organization, (2) the way research is communicated, (3) the quality of the research and the research knowledge, and (4) skills of the nurse.

Space does not permit a detailed account of the methods used, nor of the findings from this part of the process. Suffice it to say that both stages provided useful baseline information. The survey of nurses' knowledge and the audit of nursing records identified areas where practice was excellent, but also identified some areas for development. The Barriers questionnaire identified a range of perceived barriers to the implementation of research evidence. The most frequently cited of these related to the characteristics of the organization in terms of the lack of time available to implement research, inadequate resources, and a lack of support to change practice, especially from medical staff. Also important was the availability and interpretability of research findings.

Creating a climate for change

Having identified that there were areas of practice that merited change and knowing what the perceived barriers to change were, the next step was to create a climate for change. Although the clinical nurse specialist for skin care and a staff nurse had worked closely with the research team, there was a need to more widely promote ownership of the findings throughout the hospital. This required both a top-down and bottom-up approach. While the nurse researchers had identified the nature of the problem, it could not be resolved unless the nurse administrators were committed to taking the work forward within their directorates. The first step therefore was for the researchers to run a workshop with the chief nurse and senior
nurse administrators from each directorate in order to disseminate the findings and consider their implications for nursing at both a hospitalwide and directorate-wide level. Nurse administrators were subsequently offered the opportunity to discuss the specific implications of the findings for their own directorate on an individual basis with the researchers.

However, if change was to be achieved it was also necessary to feed back the findings to the nurses throughout the hospital. A multipronged approach was taken that included publishing a report of the work in the hospital’s Practice Development Newsletter for nurses, which has a wide distribution, and presenting a seminar on the findings at the Nursing Practice Development Group, a forum to which all nurses are invited. Additionally, one of the researchers offered to meet with smaller groups of staff to discuss the implications of the study for their area of work.

Moving forward

Although the researchers had taken the lead in identifying the need for change and the barriers to developing evidence-based practice at both an individual and an organizational level, it was agreed that future work should be led by the nurse administrators with the researchers acting in a supportive role. Moreover, it was recognized that the quest for evidence-based practice should not occur in isolation from other quality-related initiatives. There was a need to develop a coordinated approach that brought together research evidence, clinical guidelines, clinical audit, and outcome assessment in support of practice development for nursing.

The nurse administrators have taken up the challenge. Some six months after the original workshop presenting the findings, a number of important developments have occurred. These include the following:

- The development of an overarching framework for evidence-based nursing that brings together the areas of nursing research, practice development, audit, information, and continuing professional education to enhance clinical excellence and high quality patient care: “doing the right things right.”
- The establishment of a Nursing Development Group with key representatives from education, research, information, and audit whose responsibility is to facilitate the development of clinically effective and evidence-based nursing practice.
- A learning needs assessment among nursing staff that has highlighted a need for a focus on in-house courses on research utilization and research skills.
- The creation of Evidence-based Practice Groups at individual directorate levels, comprising nurse administrators and practitioners, who are exploring how to ensure that practice in relation to risk assessment of pressure damage is evidence-based.
- The creation of a research and development strategy group comprising the chief nurse, representative nurse administrators, and researchers to promote the evidence-based culture within the hospital and collaborate with appropriate local and regional centers, such as universities and research institutes.
- A revision of the staff training program on the prevention of pressure damage, a review of the clinical guidelines to ensure that they reflect the best available evidence, and a redefinition of the role
of the skin care specialist to encompass organizational need. 18
• A decision by nurses at all levels of the organization to use the findings of the study to model a strategy for change within other areas of nursing practice, for example, pain management.

It is as yet too early to evaluate the impact of this collaborative work on the quality of patient care. Nevertheless, there are encouraging signs that change is beginning to take place. It will require considerable effort on the part of nurse administrators to provide visionary leadership in facilitating the professional empowerment of nurses and in helping them overcome the barriers to achieving evidence-based practice. Likewise, the nurses need to grasp the opportunity presented in developing their practice in a way that not only enhances their professional role but also (more importantly) improves the quality of patient care. In the words of a Chinese philosopher, “A journey of a thousand miles begins with one small step.” In an era where increasing demands are being placed on a limited health care resource, the quest to improve clinical effectiveness through an evidence-based approach will not be an easy journey. It is nevertheless a journey that nurses in the U.K. must seek to complete.

REFERENCES

15. S. Funk, et al., “BARRIERS: The Barriers to
of nurses and in the barriers to practice. Likewise, the opportunity for practice in high professional settings improves in the words of a journey of a thousand small steps. In an era in which the experience and resource, the effectiveness of the approach will not, the effectiveness of nurses to collaborate.

