Evidence-Based Practice in Oncology Nursing

Oncology Nursing Society survey results

Pamela K. Ginex, EdD, RN, OCN®, Erin Dickman, MS, RN, OCN®, Bindu Thomas, MEd, MS, Sharon Tucker, PhD, APRN-CNS, NC-BC, FNAP, FAAN, Jinhong Guo, PhD, and Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN

BACKGROUND: Evidence-based practice (EBP) is a clinical decision-making approach that improves quality and outcomes in health care but is not yet standard in clinical settings.

OBJECTIVES: The purpose of this study was to determine EBP beliefs, knowledge, implementation strategy self-efficacy, and competencies among a national sample of oncology nurses.

METHODS: Oncology nurses completed an online survey of EBP attributes and open-ended questions. Analyses were conducted on data collected from 893 participants from a range of healthcare organizations across a diverse geographic sample of the United States.

FINDINGS: Respondents rated themselves competent to question clinical practice to improve quality care. Oncology nurses reported competency to question clinical practice but deficits in EBP knowledge and skills.

A LITTLE MORE THAN A DECADE AGO, the Institute of Medicine established a goal that, by 2020, 90% of all clinical decisions would be based on accurate, timely, and up-to-date information reflecting the latest evidence (Olsen et al., 2009). Despite the abundance of evidence that is published in nursing and health care, synthesizing and implementing evidence-based practice (EBP) remains a challenge. EBP is an approach to clinical decision-making that integrates the best evidence from well-designed studies with a clinician's expertise. EBP also includes internal evidence from patient assessments, practice data, and a patient's preferences and values (Melnyk & Fineout-Overholt, 2019; Sackett et al., 1996). Findings from research support that implementation of EBP improves quality of care, decreases healthcare costs, improves patient outcomes (McGinty & Anderson, 2008; Melnyk, 2007; Singleton, 2017; Williams, 2004), and supports organizations in attaining high reliability (Melnyk, 2012). In spite of the substantial body of evidence showing that EBP improves healthcare quality and patient outcomes (including reduced morbidity, mortality, medical errors, costs, and geographic variation of healthcare services), evidence indicates that it is not standard practice among a majority of healthcare professionals across the United States (Aasekjaer et al., 2016; McGinty & Anderson, 2008; Melnyk & Fineout-Overholt, 2019; Williams, 2004). However, the generalizability of this finding to oncology nurses is not yet clear.

EBP was not included in most academic nursing programs prior to 2009; therefore, many currently practicing nurses never learned EBP. The lack of EBP knowledge, skills, self-efficacy (confidence in one's ability to implement EBP and achieve desired outcomes), and competency is a persistent barrier to fully implementing EBP into nursing practice. In addition, other major barriers limiting the implementation of EBP have been defined as lack of resources to support EBP (including time and EBP mentors), the perception that EBP is time-intensive, a belief that organizational culture does not support EBP (Majid et al., 2011; McClellan et al., 2008; Melnyk et al., 2004;