



Surgical nurses' Neglect of Research Utilization and Implementation of Evidence-based Knowledge to Improve Patient Care: Euphemism Barriers or lack of Abilities?

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The call for evidence-based knowledge (EBK) in clinical nursing practice has increased during recent decades. EBK is needed to improve patients' conditions, care and convalescence. However, a multitude of survey studies show that surgical nurses claim to be obstructed by multiple (and questionable) barriers in their efforts to derive and implement EBK in patient care. As a result, patients are being denied the best possible nursing care. We appear to have a problem on our hands the size of the Gordian knot.

For the last 15 years the most frequently cited barrier has been 'lack of time' [1] and studies confirm that the concept is a pivotal obstacle for surgical nurses in research utilization and the implementation of EBK [2,3,4]. Evidently 'lack of time' is a widely occurring poor excuse for neglecting the use of EBK when really it is a question of nurses' priorities in their daily work. A quick search in PubMed/MEDLINE combining 'nursing research' with 'lack of time' resulted in a substantial number of studies concluding that interventions, implementation or utilization of knowledge were compromised by nurses' time-logistics. The concept 'lack of time' continues to exist as a legitimate and socially acceptable reason for avoiding research utilization, possibly owing to surgical nurses' lack of interest and competencies [5].

It is no secret that surgical nurses find research challenging [4]. The research-practice gap must be presented as yet another barrier for nurses' utilization of research and EBK. Surgical nurses argue that patient care is a practical skill and must be provided in close proximity to the patient. It is one thing to prioritize patient care, which is the cornerstone of nursing; however, this cornerstone could turn into a millstone around the patients' necks if care continues to be based only on practical knowledge and hand-me-down experience from nursing co-workers, which is commonly used [6]. Surgical nurses must therefore ask themselves how far patient care has improved through basic clinical practice without the use of EBK. For although surgical nurses find themselves locked in practice, restrained by time issues and hands-on patient care, they ultimately find themselves being caught in the research-practice gap: they do not know how to apply research knowledge [3], nor where to find it [7] and their research-related knowledge and education are often insufficient [2,4].

This brings us to a turning point, where the efforts of someone like Alexander the Great is needed to exert structural, managerial and educational changes. Even though one should suppose that lack of time was an easy cookie to crumble for hospital and nursing managers, who play an absolutely key role in facilitating time and resources for surgical nurses, the managers have a crucial task on their hands to ensure that EBK is derived and implemented in surgical nursing care in the patients' best interests. This essential responsibility could be eased by facilitating research-active role models in surgical nursing practice to educate, promote and support nurses' utilization of research and EBK. Furthermore, educational interventions are needed to enhance surgical nurses' research knowledge and capacity, to investigate whether there is a relation between nurses' perception of barriers and their actual utilization of EBK, and to find out how to break down the barriers that inhibit surgical nurses in research utilization and the implementation of EBK to patients in surgical care.

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Citation: Berthelsen CB (2014) Surgical nurses' Neglect of Research Utilization and Implementation of Evidence-based Knowledge to Improve Patient Care: Euphemism Barriers or lack of Abilities?. Int J Surg Res Pract 1:003e

Received: September 06, 2014; **Accepted:** September 08, 2014; **Published:** September 11, 2014

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