Implementation of Evidence-based Practice Survey

1) Do you agree to participate in the survey?

2) Rank your 3 greatest barriers to the use of evidence-based changes in your clinical practice. (Identify the barriers beginning with 1 as your greatest barrier, 2 as your 2nd choice, 3 as your 3rd choice and leave the rest blank.)
   a) Insufficient Time
   b) Lack of Staff
   c) Lack of Interest
   d) Inadequate or poor training
   e) No one told me about it
   f) Do not have the right equipment/supplies
   g) Other _______________________

3) Rank your 3 greatest reasons to adopt practice changes into your clinical practice. (Identify the reasons using 1 as your first greatest reason, 2 as your 2nd choice and 3 as your 3rd choice. Please select only 3 and leave the rest blank.)
   a) My manager/administrator supports it, talks about it and expects me to do it
   b) My Clinical Educator supports it, talks about it and expects me to do it
   c) I am interested in the topic or practice change
   d) I value it
   e) There will be negative consequences to the patient if I don't
   f) A regulatory agency says I have to do it
   g) Other _______________________

4) Please rate each of the following statements regarding the current state of the application of evidence-based practice in our hospital.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of evidence-based practice is essential for effective nursing practice.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Literature and research findings are useful in my daily practice.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>The adoption of evidence based practice puts an unreasonable demand on my time.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Evidence based practice does not take into account the limitations of my practice setting.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Evidence based practice helps me make decisions about patient care.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>There is sufficient information available for me to access when I have questions about the practice change.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>All of the practice changes so far have been practical and fit well with the workflow of the unit.</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>
5) What do you think the expectations are of your role in helping with a practice change?

6) List the reasons that make you want to adopt the evidence-based changes into your practice.

7) As an organization how are we doing with practice changes?

8) What is your primary role?
   a) Registered nurse
   b) Nurse Educator/Quality Specialist assigned to a specific acute inpatient care unit
   c) Associate nurse manager
   d) Nurse manager

9) How long have you worked as a nurse at this hospital?
   a) Less than one year
   b) 1-3 years
   c) 3-5 years
   d) 5-10 years
   e) 10-20 years
   f) More than 20 years

10) What is your employment status?
    a) Full Time (72-80 hours per pay period)
    b) Part Time (less than 72 hours per pay period)
    c) Per diem

11) What is your highest nursing educational preparation?
    a) Certificate
    b) Diploma
    c) AS/AD
    d) BSN/BAN
    e) Master’s
    f) Other degree ________________________

12) Have you attended any evidence based or nursing research continuing education within the last year? (please list)

13) Please identify your acute inpatient care unit type: