**Evidence-Based Practice Proposal**

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**Section A: Organizational Culture and Readiness Assessment**

The organization culture survey tool utilized to assess the readiness of the organization for evidence-based practice is the “Organization Culture and Readiness for System-Wide Integration of Evidence-Based Practice". This tool is effective in assessing and investigating the beliefs and knowledge of the staff about EBP, as well as the organization’s readiness to adopt evidence-based practice (EBP) (Yoo et al., 2019).

The findings of the survey showed that the organization is ready to participate in EBP. As per the findings from the survey, the nursing staff has the required EBP skills such as computer skills, the ability to research, and access the internet. The management supports the implementation of EBP in terms of funding, availing staff, and providing a supportive environment. The nursing staff and physicians are also committed towards EBP. Moreover, there are also nurse scientists in the organization; the nurse scientists focus on generating evidence and guiding nurses throughout the process of generating evidence. There are various advanced practice nurses (APNs) and EBP champions who are actively involved in research and act as role models when it comes to EBP in the organization.

However, the survey indicated that some nursing staff members were resistant to EBP because of heavy workload and thus lacked time to research and participate in the implementation of EBP. The main contributing factor to this barrier is due to the shortage of nurses and thus nurses are always engaged in nursing practice and lack time to participate in EBP activities. This barrier can be addressed by the organizational management recruiting more nurses to lower the workload among the nursing staff (Harper et al, 2017).

**Section B: Proposal/Problem Statement and Literature Review**

**PICOT Question**

In rural Americans with elevated ha1c levels (P), will providing home diabetes education in a classroom setting and medication assistance (I), compared to none (C), reduce hemoglobin A1c (HA1c) levels by 10% (O), over 3-months period (T)?

**Problem Statement**

Diabetes is a chronic disease associated with high mortality and morbidity burden. According to Cunningham et al (2019) in 2015 about 9.4% of Americans had diabetes and 95% of this population had type 2 diabetes. Type 2 diabetes leads to complications such as kidney disease, retinopathy, neuropathy, and increased risk of stroke, high blood pressure, peripheral arterial disease, and coronary artery disease. People in rural areas within the US have limited access to healthcare (Cunningham et al., 2019). Additionally, some may not have the appropriate health literacy and thus may not adhere to the treatment plans: this leads to diabetes complications due to poor glucose control. Therefore, poor glucose control predisposes people with diabetes to complications, increasing the risk of morbidity and mortality.

**Literature Review**

According to Tran et al (2019), in 2015 about 23.1 million adult Americans had type 2 diabetes. Diabetes is a serious chronic disease that can cause complications like chronic kidney disease, cardiovascular disease, neuropathy, diabetic retinopathy, and increased mortality rate. The purpose of the study by Tran et al (2019) aimed to identify disparities in the screening of diabetes for Americans living in urban and rural areas. In this study, the Behavioral Risk Factor Surveillance System (BRFSS) surveys were used as data. The BRFSS surveys include information regarding health behaviors within all states in the US. The findings of this study indicated that rural populations had a higher risk of diabetes and also a higher prevalence of diabetes when compared to people in urban/suburban areas (Tran et al., 2019). This study recommends increased screening of diabetes in rural areas to allow prompt diagnosis and treatment of diabetes in this population.

Cunningham et al (2019) conducted a systematic review and meta-analysis to examine the impact of a diabetes self-management education (DSME) on the quality of life and HbA1c levels in people with type 2 diabetes. The findings of this study indicated there are major disparities in type 2 diabetes regarding the prevalence and health outcomes among African Americans. Additionally, the findings demonstrated that an educational intervention was effective in reducing the HbA1c levels and improving the quality of life in people with diabetes (Cunningham et al., 2019). The study thus recommends the integration of diabetes education intervention in the care plan of people with type 2 diabetes.

The study by Salahshouri et al (2018) investigated the efficacy of the educational intervention on helping people with diabetes adhere to lifestyle modifications and maintain the appropriate levels of HbA1c and glucose levels in individuals with type 2 diabetes. The study adopted a randomized controlled clinical trial as the methodology. The findings of this study showed that educational intervention helped individuals with type 2 diabetes to adhere to the prescribed lifestyle modifications. Additionally, the study participants had reduced levels of HbA1c and glucose levels after the educational intervention, highlighting the efficacy of the intervention (Salahshouri et al., 2018).

**References**

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