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Introducing evidence based practice in nursing care delivery, utilizing the iowa model in intensive care unit at kamuzu central hospital, malawi

Catherine Haulesi Chiwaula, Phillis Kanjakaya, Deliwe Chipeta, Aphrida Chikatipwa, Tracy Kalimbuka, Lucia Zyambo, Steve Nkata, Diana Linda Jere
University of Malawi, Kamuzu College of Nursing, Malawi

Background: Nowadays, having knowledge of Evidence Based Practice (EBP) and its implementation strategies are critical skills for nurses to promote delivery of safe, effective and quality care. Nursing care delivery is faced with a challenge of delivering EBP. The purpose of this study was to build the capacity of and support nurses to implement an EBP change using Iowa Model of EBP.

Methods: Action research using quantitative approaches was conducted in intensive care unit at Kamuzu Central Hospital (KCH). A descriptive, pretest-posttest design using repeated measures was employed. Iowa model was used to implement change. Convenient sampling of six-co researchers and 26 patients was done, the inclusion criteria was all patients with fever. STATA 12.0 software was used to analyze data and paired t-test was used to determine the mean difference of the paired temperature observations.

Results: Iowa model effectively supported and guided nurses to: identify fever as a clinical problem; select fever control interventions; implement and evaluate the evidence-based interventions; refine and integrate the evidence-based interventions in routine practice. After Paired t-tests were run; there was an insignificant mean difference for exposure 0.07 °C, $t(85) = 1.4123$ and the $P = 0.1615$. This suggest that exposure has minimal effect on temperature reduction. The mean difference for paired temperature observation for: tepid sponge bath was 0.6 °C/hour, $t(85) = 9.8427$, $P = <0.001$.; Ice packs 0.5 °C/hour, $t(56) = 6.7854$, $P = <0.001$ antipyretics-paracetamol 0.3 °C/hour, $t(23) = 3.4371$, $P = <0.002$ and intravascular cooling 2.4 °C/hour ($t(21) = 19.8080$, $P = <0.001$). These methods had a significant mean difference of temperature reduction. This shows that the methods are effective in reducing temperature. Then a fever guideline was developed to guide nurses in smooth integration of the evidence-based fever control intervention into routine nursing care delivery to ensure sustainability.

Conclusion: Using Iowa model improves nurses' EBP capability and capacity. Increasing knowledge of key staff members, team work, availability of local resources are crucial to increase nurse's capacity of taking their EBP role. For effective EBP initiative it is recommended to: utilize of EBP models, ensure active participation of all nurses at the unit level, have supportive leadership, communicate available EBP policies, guidelines and job description to providers, and integrate the pilot EBP innovation in routine nursing care operations.

chiwaula2017catherine@kcn.unima.mw