The Influence of Professional and Physical Isolation on Enabling Evidence-based Nursing Practice in Rural Hospitals

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Objective

1. Describe seven major barriers to enabling evidence-based nursing practice in rural hospitals.

2. Discuss the rural hospital nurse executive's perception of professional and physical isolation.

3. Describe the influence of rural hospital isolation (professional and physical) on problems encountered in enabling evidence-based nursing practice.

Rural Hospitals

1. Represent 44 % of the 4908 nonfederal, short-term general and specialty hospitals.

2. Provided care for 16% of the 37.2 million discharges nationally in 2001.

3. Patient population is older, portray their health as poor or fair, more likely to be uninsured, and are more romote from health care services

4. Federal legislative efforts to balance the budget have an impact on rural hospital operational budgets, yet the effect on nursing has not been studied.

Rural Nursing Challenges

1. Disproportionate service to uninsured
2. Decreasing financial margins
3. Low volume problem prone diagnosis
4. Professional and physical isolation
5. Education (basic and continuing)
6. Evidence-based practice
7. Cultural diversity

(Newhouse 2005)

National Survey

Descriptive-correlational design

National sample rural hospital nurse executives

Phone or written mail survey using Rural Hospital
Nurse Executive Survey

Market Scale:

Isolation

Nursing Domain:

Evidence-based practice

Results

- Survey response rate 41 % (280/688)
- Sample: Nurse Executives predominantly white (94%) females (92%) with 8.2 years of experience, most of which were in the current rural hospital (5.9 yr)
- Respondents were from rural (66%) and Critical Access Hospitals (34%)
- Nurse executives reported that 78% of RNs in their hospital had AD or Diploma education, hospital nurses had an average employment of 11 years, and an average of 6.4 RN Full Time Equivalents (FTE) vacant .

Market

Physical and Professional Isolation
(4 items) a= .855

1. The physical isolation of your rural hospital affects the nurse's work environment.

2. The physical isolation of your rural hospital affects patient outcomes.

3. The professional isolation of your rural hospital affects the nurses' work environment.

4. The professional isolation of your rural hospital affects patient outcomes.

Isolation

Over one-third of rural hospital nurse executives perceive that physical isolation (35%) and professional isolation (35%) affect the nurse work environment.
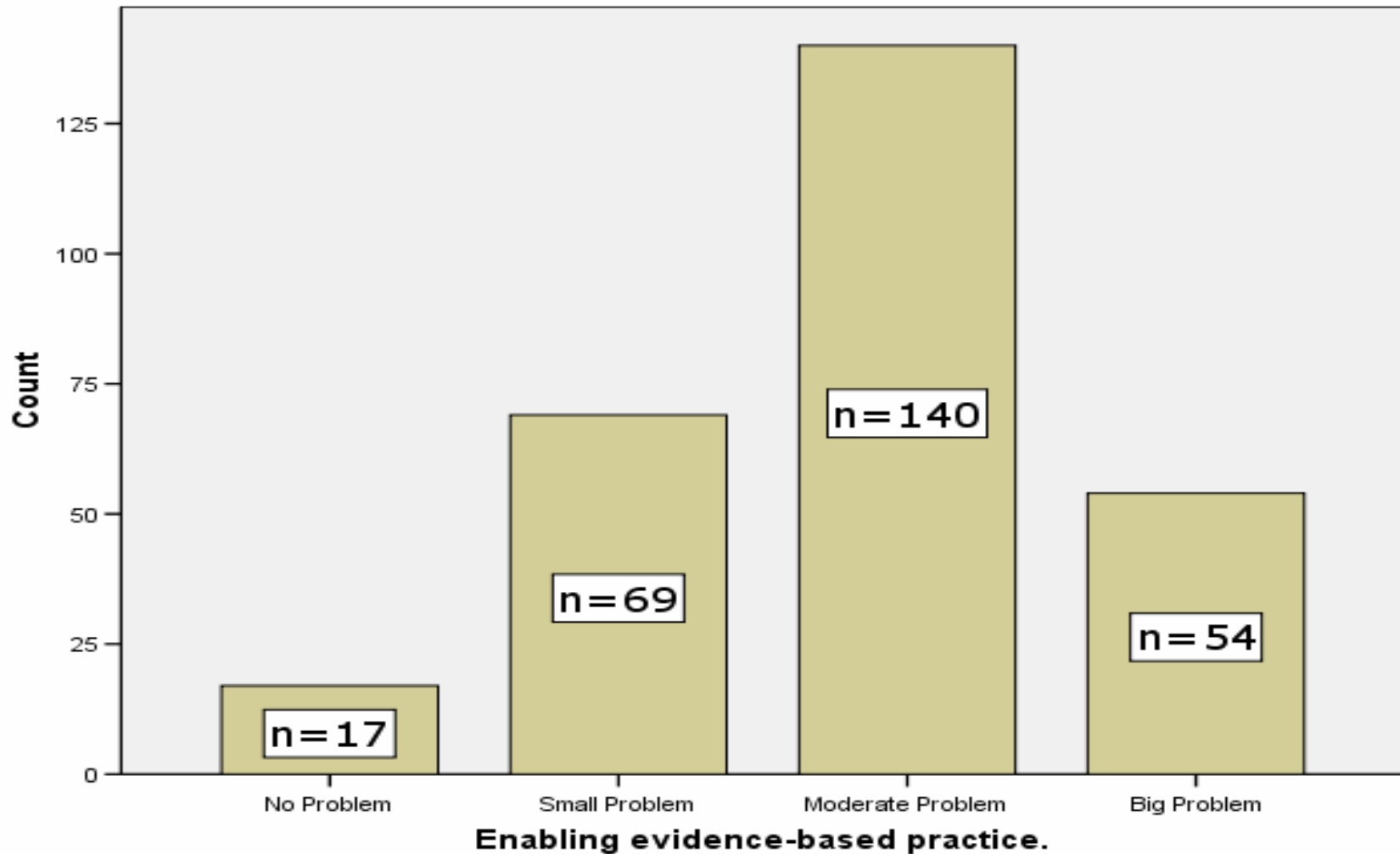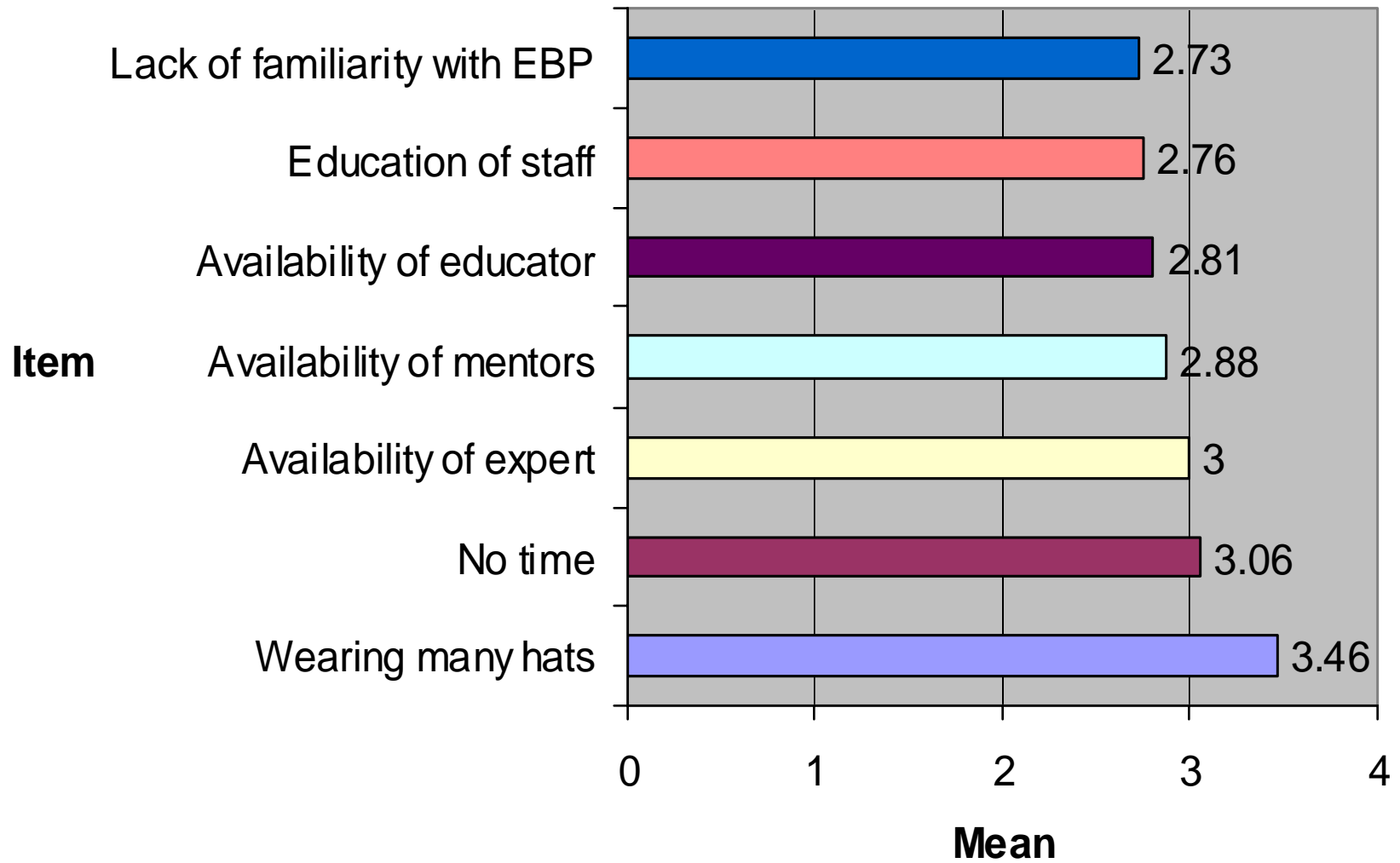
Nursing

Evidence-based Practice Barriers
(7 items) a=.854

1. Education of staff.
2. Availability of expert.
3. Availability of educator.
4. Availability of mentors.
5. Wearing many hats.
6. Lack of familiarity with EBP.
7. No time.

Problem in Enabling EBP (N=280)

EBP Item Means

Item	Mean
Lack of familiarity with EBP	2.73
Education of staff	2.76
Availability of educator	2.81
Availability of mentors	2.88
Availability of expert	3
No time	3.06
Wearing many hats	3.46

Isolation and EBP

Isolation explains 15% of the variance in enabling evidence-based practice (b=.133, p<.000).

Conclusions

1. As the perception of physical and professional isolation increase, enabling evidence-based nursing practice is more difficult in rural hospitals.

2. Evidence-based nursing practice is central to professional practice and promotion of better patient outcomes.

3. Strategies to overcome physical and professional isolation need to include increased availability of experts to rural hospitals to promote use of evidence in practice, promoting the health of rural residents.

Implications

1. Policy makers, professional organizations, quality organizations, universities, colleges and health care administrators need to create linkages to promote and enhance evidence-based practice in rural hospitals.

2. Innovative strategies should be identified, funded and implemented to foster these linkages to promote nursing quality, particularly in remote settings.