



## The effect of implementing evidence-based guidelines on the quality of nursing care provided to patients with angina pectoris

Ensihe Yusefzadeh<sup>1</sup>, Roya Akbarzadeh<sup>\*2</sup>, Seyyed Mohammad Khademolhoseini<sup>3</sup>, Rahim Akrami<sup>4</sup>

1. School of Nursing and Midwifery, Sabzevar University of Medical Sciences, Sabzevar, Iran

\*2. Department of Operating Room & Anesthesia, Faculty of Paramedical, Sabzevar University of Medical Science, Sabzevar, Iran

3. Faculty of Nursing, Baqiyatallah University of Medical Sciences, Tehran, Iran

4. Department of Community Medicine, School of Medicine, Sabzevar University of Medical Sciences, Sabzevar, Iran

### ARTICLE INFO

Article type:  
Original article

Article history:  
Received: 24 Dec 2014  
Revised: 21 Feb 2014  
Accepted: 24 Feb 2014

Keywords:  
Angina pectoris  
Nursing care standards  
Evidence-based nursing guidelines

### ABSTRACT

**Aims:** Evidence-based nursing guidelines can significantly improve the quality of nursing care. A key prerequisite for improving care quality is quality assessment. Meanwhile, a key indicator of healthcare quality is the quality of nursing care. The aim of this study was to investigate the effects of implementing evidence-based guidelines on the quality of nursing care provided to patients with angina pectoris.

**Methods:** This pretest-posttest clinical trial was conducted in 2014 on 76 patients in Khatam Al-Anbia hospital, Gonbad-e Kavos city, Iran. A standardized questionnaire was used for assessing the quality of nursing care standards both before and after educating evidence-based nursing guidelines. The SPSS15 was used for conducting statistical tests such as the paired- and independent-samples t and the Chi-square.

**Results:** Before the study, the means of documentation quality in four areas of nursing diagnosis, care planning, implementation, and evaluation were respectively 0.94 (0.19), 0.63 (0.10), 11.57 (0.23), and 2.57 (0.18), and. After the study, these values increased to 3.2 (0.14), 3.52 (0.17), 15.36 (0.22), and 5.7 (0.23), respectively. The differences between the pretest and posttest readings were statistically significant ( $p < 0.001$ ).

**Conclusions:** Given the significant effects of implementing evidence-based nursing guidelines on the quality of nursing care standards, educational managers of hospitals need to develop effective strategies for facilitating evidence-based nursing practice.

Please cite this paper as:

Yusefzadeh E, Akbarzadeh R, Khademolhoseini S.M, Akrami R. The effect of implementing evidence-based guidelines on the quality of nursing care provided to patients with angina pectoris. Iran J Crit Care Nurs. 2015;8(1):1-6

### 1. Introduction

Nurses constitute the largest group of healthcare professionals. The core of nurses' professional practice is care delivery while the

quality of nursing care is considered as the core of healthcare services [1]. The quality of care is defined as the degree of access to the most optimum health outcomes as well as the most cost-effective care services [2]. According to Lee and Hsu (2007), the key prerequisite to the

\*Correspondence Author: Roya Akbarzadeh.

Department of Operating Room & Anesthesia, Faculty of Paramedical, Sabzevar University of Medical Science, Sabzevar, Iran.

Tel: +98-9126060819

Email: roakbarzadeh53@gmail.com

improvement of care quality is quality assessment. Moreover, they noted that the key indicator of healthcare quality is the quality of nursing care [3]. Accordingly, high-quality care delivery is considered as a main priority in healthcare systems [4].

Currently, great challenges exist in the area of quality nursing care [4]. The results of a study conducted in hospitals located in New York showed that while patients are getting increasingly informed and demanding high-quality care, one in every 25 and 13.6 in every 100 patients respectively suffered from injury and death due to low-quality care [5]. Low-quality care prolongs patients' hospital stay and increases healthcare costs. Accordingly, care quality improvement can enhance the cost-effectiveness of care [6].

One of the key strategies for improving the quality of nursing care is evidence-based nursing care [7]. Evidence-based nursing is defined as the delivery of care based on the best empirical evidence, clinicians' personal expertise, and patients' preferences. Koh et al. (2008) found that delivering care based on a clinical practice guideline significantly improved the quality of care [8]. However, using the vast amount of research findings in daily practice is difficult for healthcare professionals [9]. A strategy for facilitating evidence-based practice is using evidence-based guidelines [10]. These guidelines are developed systematically to help healthcare providers make sound clinical decisions in critical situations during their daily practice. Evidence-based guidelines minimize alterations in care delivery, improve the quality of care [11], and save money and time [9]. Mohammadpoor (2007) also noted that evidence-based guidelines are used in healthcare centers because they improve the quality of care, reduce healthcare costs, enhance public health, and help achieve international standards of care [12].

The leading cause of disability and death in our country, Iran, is coronary artery disease (CAD). There is no reliable statistics on the

prevalence of this problem in Iran. Nonetheless, studies have shown that CAD-related mortality rate has increased by 20–45% in recent years [13]. Currently, 46% of all deaths happening in Iran are due to CAD [14]. Accordingly, healthcare centers need to adopt strategies for improving the quality of care provided to patients with CAD. Recent studies have shown that care quality improvement can significantly decrease mortality rate among patients with heart problems [15].

Gibler et al. (2005) reported that implementing clinical guidelines are beneficial to patients with unstable angina and myocardial infarction both during their hospital stay and after being discharged from hospital. They also noted that healthcare professionals' adherence to evidence-based guidelines improves care quality and patient outcomes [16]. Quality nursing care is critical to patients hospitalized in critical care units and it can shorten the length of their hospital stay. However, Iranian healthcare professionals are not familiar enough with evidence-based guidelines and usually do not use scientific evidence in their daily practice. Moreover, there is no ample evidence regarding evidence-based clinical decision making. We conducted this study to narrow these gaps. The aim of the study was to investigate the effects of implementing evidence-based guidelines on the quality of nursing care provided to patients with angina pectoris.

## 2. Methods

This pretest-posttest clinical trial was conducted in 2014 on 76 patients and all critical care nurses affiliated to the coronary care unit (CCU) of Khatam Al-Anbia hospital, Gonbad-e Kavous city, Iran.

In total, ten nurses were recruited by using the census method. Nurses were included in the study if they had the desire for participating in it, had Bachelors' or Master's degree in nursing, and worked in CCU. Nurses who were not willing to participate, withdrew from the

study, or did not attend our preliminary educational course were excluded.

Before commencing the study, necessary permissions were obtained from the Research Committee of Sabzevar University of Medical Sciences, Sabzevar, Iran. Nurses were informed about the aims and the methods of the study. They were assured that participation in and withdrawal from the study were voluntary. Moreover, we ensured them of the confidentiality of their data. Study data collection tool consisted of two parts: a demographic questionnaire (on participants' age, gender, working shift, work experience, participation in nursing process workshops, as well as educational, marital, and employment status) and the Nursing Care Standards Checklist (NCSC). The NCSC was developed by Zamani et al. (2012) based on the ANA nursing standards and includes four standards including nursing diagnosis (four items), care planning (six items), implementation (seventeen items), and evaluation (nine items). The content validity of the checklist was evaluated through asking ten experts to comment on it [17]. The quantitative content validity of the NCSC was also evaluated by calculating its content validity index and ratio (CVI and CVR). As the number of experts was equal to ten, the Lawshe's table showed that CVRs equal to and greater than 0.62 were acceptable. Moreover, the CVI value of the checklist was higher than 0.79, confirming the content validity of the checklist.

Primarily, the quality of nurses' routine care standards was evaluated by using the NCSC. Then, we educated the participating nurses about the implementation and the documentation of eight evidence-based practice guidelines developed by Nezamzadeh et al. (2011). Educations were provided in a four-hour workshop by the advisor of the study. The contents of educations were the definition and the explanation of evidence-based nursing guidelines, the steps and the documentation of the nursing process, the sheets for documenting

the nursing process, the nursing care documentation sheet, and the discharge sheet. Moreover, a follow-up educational session was held two weeks after the first workshop for answering participants' questions and clarifying possible ambiguities. Besides, we attended the study setting, monitored nurses' documentation, provided them with supplementary educations, and gave them relevant feedbacks. Two months after providing educations and implementing the guidelines, we reevaluated the quality of nurses' care standards. Study data were analyzed by employing the SPSS15. Statistical tests such as the paired- and independent-samples t and the Chi-square were used for comparing the study groups.

### 3. Results

The mean of participants' ages was  $35.7 \pm 4.3$ . Four (40%) and six (60%) participants were male and female, respectively. Most of the participants (80%) were married. All of them held Bachelor's degree. Five participants had formal permanent employment while the remaining five ones were employed either provisionally or under a contract. Six participants (60%) worked evening-night shift while others worked morning, evening, night, or morning-evening shifts. Most of the participants had a work

Table 1: Participants' characteristics

Demographic characteristics	Number (%)
Age	35–60 years
	9 (75)
Gender	25–30 years
	3 (25)
Gender	Female
	6 (60)
Marriage	Male
	4 (40)
Marriage	Married
	8 (80)
Education	Single
	2 (20)
Education	Bachelor's
	10 (100)
Employment	Other degrees
	0 (0)
Employment	Permanent
	5 (50)
Participation in nursing process workshops	Provisionally
	5 (50)
Work experience in nursing	Yes
	1 (10)
Work experience in nursing	No
	9 (90)
Work experience in nursing	5–14 years
	9 (75)
Work experience in nursing	15–24 years
	3 (25)

experience of 2-10 years. Only one participant had previously participated in a workshop on nursing process (Table 1).

Before the study, the means of documentation quality in the four areas of nursing diagnosis, care planning, implementation, and evaluation were respectively 0.94 (0.19), 0.63 (0.10), 11.57 (0.23), and 2.57 (0.18). After the study, these values increased to 3.2 (0.14), 3.52 (0.17), 15.36 (0.22), and 5.7 (0.23), respectively. Compared with the control group, the means of all steps of the nursing process were greater in the experimental group (Table 2).

#### 4. Discussion

Study findings revealed that implementing evidence-based guidelines by using the nursing process significantly improved the quality of nursing standards in all the four steps of the nursing process (i.e. nursing diagnosis, care planning, implementation, and evaluation). Currently, maintaining and enhancing patients' health are among the chief concerns of healthcare system. Evidence-based practice could be a useful framework for promoting clinical practice and minimizing patients' health-related problems [18].

Salehi et al. (2013) also investigated the effects of implementing evidence-based nursing guidelines on the quality of care standards in a neonatal intensive care unit. Our findings are in line with their findings [19]. Seyed-Rasuli et al. (2010) also reported that applying the principles of evidence-based nursing was effective in alleviating elderly women's urinary incontinence [20]. Moreover, Behnam-Veshani (2011) found that evidence-based ice therapy significantly reduced the incidence and the

severity of chemotherapy-induced oral mucositis [21].

The results of a study conducted by Madarshahian et al. (2010) indicated that providing evidence-based clinical education to nursing students significantly enhanced care quality and patient satisfaction [22]. This finding also confirms our findings. Moreover, our findings were in line with the findings reported by Considine and McGillivray (2010). They found that implementing evidence-based guidelines significantly improved the quality of nursing care provided to patients with acute stroke [23]. Drew et al. (2004) also noted that guidelines which are developed based on the best existing evidence can properly guide the process of nursing care [24]. Da Silva et al (2009) also found that providing nursing care by using the nursing process and care standards was effective in reducing the incidence of surgical site infection [25]. According to Dunnion (2010), nurses have positive attitudes towards evidence-based nursing practice and consider holistic care as well as effective nurse-patient and professional communications as the benefits of this approach to care [26].

According to Atashzadeh and Ashktorab (2011), factors that affect the implementation of nursing process include adequate staffing, positive incentives, supportive work environment, colleagues' collaboration, managers' supervision, and nurses' knowledge, beliefs, attitudes, and skills [27].

Documentation reflects the implementation and the quality of care. Jasmi et al. (2012) assessed the quality of nursing documentation and reported that most nursing reports in medical-surgical wards were not based on the nursing process [28]. Susan et al. also found

Table 2: The quality of documenting the four steps of the nursing process

Group →	Control	Experimental	The independent-samples t-test
Steps of the nursing process ↓	Mean (standard deviation)	Mean (standard deviation)	
Diagnosis	0.94 (0.19)	3.2 (0.14)	$t = -9.36, df = 74, p < 0.001$
Care planning	0.63 (0.10)	3.52 (0.17)	$t = -13.98, df = 74, p < 0.001$
Implementation	11.57 (0.23)	15.36 (0.22)	$t = -11.68, df = 74, p < 0.001$
Evaluation	2.57 (0.18)	5.7 (0.23)	$t = -10.42, df = 74, p < 0.001$

that their educational intervention promoted nurses' adherence to the initial and post-analgesic documentation of pain assessment [29].

Non-documented procedures and interventions are legally considered as undone. Moreover, the improper documentation of the implemented nursing procedures breaks the continuity of care and negatively affects the process of recovery. On the other hand, systematic and coherent documentation paves the way for the detailed evaluation of nurses' performance, helps nurses understand that their performance is monitored accurately, tempts them to provide effective care, and improves the quality of care [30].

Medical sciences are advancing rapidly and old evidence is continuously substituted with new one; therefore, formal university-based educations do not guarantee sound lifetime practice [31]. During their daily practice, healthcare professionals, particularly nurses, need authoritative information regarding patient assessment, accurate diagnosis of patients' problems, effective care planning, successful implementation of the planned care, and accurate evaluation of its outcomes. Accordingly, they need to receive continuous in-service educations and trainings for keeping themselves up-to-date and learning how to provide care based on the newest and most credible evidence. Evidence-based practice helps nurses create a strong professional identity and improves the quality of nursing care [32].

## 5. Conclusions

Implementing evidence-based nursing guidelines enhances the quality of nursing care standards. Consequently, educational managers of hospitals need to develop effective strategies for facilitating evidence-based nursing practice.

## 6. Acknowledgments

This study was extracted from a Master's thesis approved by Sabzevar University of

Medical Sciences, Sabzevar, Iran. We want to thank all of our instructors as well as the dean, managers, and nursing staffs of Khatam Al-Anbia hospital, Gonbad-e Kavous city, Iran, who supported us during the study.

## References

1. Hasani Parkhideh, Khachian A. The evidence based on nursing: nurses bedside view. *Scientific Research Journal College of Nursing & Midwifery University of Medical Sciences and Health and Treatment Services Martyr Beheshti*. 2010;20(71):11-8.
2. Pazargadi M, Zaghari tafaroshi Mansura, Abed Saeedi Jila, quality of nursing care nurses from the viewpoint: a qualitative study, *Research in medical research magazine College of medicine University of Medical Sciences and Health Services Shahid Beheshti medical*. 2007;11(2):147-53.
3. Lee L, Hsu N. An Evaluation of the quality of nursing care in orthopedic units. *Journal of Orthopedic Nursing*. 2007;11:160-8.
4. Ebrahimi H, Namdar H, Vahidi M. Quality of Nursing Care in Psychiatric Wards of University Hospitals in Northwest of Iran from the Perceptions of Nurses. *Journal of Caring Sciences*. 2012;1(2):79-84. [Persian]
5. Øvretveit J. Quality evaluation and indicator comparison in health care. *The International journal of health planning and management*. 2001;16(3):229-41.
6. Mosavi R, Mosavi A, Froghi S, Zakati R, Mahdian nasab SA, Hosein Abasi N. and et al. Editors. *Fundamental of Management in Nursing*. Tehran. Ashora publisher. 2007. [Persian]
7. Adib-hajbagheri M. Nurses Perception about the Evidence-Based Nursing: A Qualitative Study. *Feiz Quarterly*. 2006;11(2):44-52.
8. Adib-hajbagheri M. Factors Influencing Evidence-Based Nursing: A Qualitative Study. *Iran Journal of Nursing*. 2006;19(47):17-33.
9. Koh SS, Manias E, Hutchinson AM, Donath S, Johnston L. Nurses' perceived barriers to the implementation of a fall prevention clinical practice guideline in singapore hospitals. *BMC health serv Res*. 2008;18;8(105):1-10.
10. Sharif Nia S.H. *Theoretical Hazrat Roqayeh, explore Sayed Galilee*, Tehran, sage publication. first published in 2010.
11. Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB. *Evidence-Based Medicine. How to Practice and Teach EBM*. 2 nd ed. Edinburgh: Churchill Livingston: 2000.
12. Mohammadpoor A. Comparative standards of hospital hygiene standards of the International Joint

- Commission on Hospital Accreditation. Tehran: Iran Medical Science University. 2007. [MSc Thesis]. p:2-3. [Persian]
13. Cardiovascular diseases (CVDs). World Health Organisation; 2013[Updated March 2013]. Available from: <http://www.WHO.org.Cardiovascular diseases/>.
  14. Norozzadeh M, Heydari M, Falahi M, Faghihzadeh S. Signs of risk factors in acute coronary syndrome patients admitted to hospitals in Tehran. Scientific Journal - Research Shahed. May 2006 13(62):57-62. [Persian]
  15. Mohammad Hassani M, Farahani R, Zohour A, Panahi Azar R. Self-care ability based on Orem's theory in individuals with coronary artery disease. Iranian Journal of Critical Care Nursing. Summer 2010;3(2):87-91[Persian]
  16. Gibler WB, Cannon CP, Blomkalns AL, Char DM, Drew BJ, Hollander JE, et al. Practical implementation of the guidelines for unstable angina/non-ST-segment elevation myocardial infarction in the emergency department: A scientific statement from the American Heart Association Council on Clinical Cardiology (subcommittee on acute cardiac care), Council on Cardiovascular Nursing, and Quality of Care and Outcomes Research Interdisciplinary Working Group, in collaboration with the Society of Chest Pain Centers. *Circulation*. 2005 May 24;111(20):2699-710.
  17. Zamani Babgohari K, Mokhtari Nori J, Khademolhoseini SM, Ebadi A. Effect of evidence-based nursing guidelines implementation on satisfaction of the patients hospitalized in cardiac care unit. *Journal of Critical Care Nursing*. 7(1):23-30.
  18. Motahedian Tabrizi E, Najafi Mehri S, Samiei S, Einollahi B, Babaei G. Effect of programmed nursing care in prevention of hemodialysis complications. *Critical Care Nurs*. 2009;2(2):55-9.
  19. Salehi Z, Mokhtari Noori J, Khadem-Alhousseini S M, Ebadi A. Affected by training and implementation of Care instructions based on the evidence on the quality of standards of care in the special care infants. *nursing children magazine*. 2004;(1):11-1
  20. Sayed Rasuli Elahe, Valizadeh Lili, Haj Ebrahimi strength, Peronne hands, important criteria hands, Use principles of nursing care based on the evidence in incontinence urinary elderly women, *Magazine nursing and obstetrics Tabriz*. 2010;(17):4-11.
  21. Behnam Veshani HR, Zohoorian Z, Wonderful Z, Banker Shirazi AR. Influence care based on Evidence along with ice treatment on the rash mouth mucosa in children under chemotherapy. *Medical Sciences Magazine Sabzevar*. 2011;(18):4.
  22. Nayeri N, Zargar M. An investigation into the effects of quality improvement method on patients' satisfaction: a semi experimental research in Iran. *Acta Medica Iranica*. 2011;49(1):38-43 [Persian]
  23. Considine J, McGillivray B. An evidence-based practice approach to improving nursing care of acute stroke in an Australian Emergency Department. *Journal of clinical nursing*. 2010;19(1-2):138-44.
  24. Drew B, Califf R, Funk M, Kaufman E, Krucoff M, Laks M, et al. Practice standards for electrocardiographic monitoring in hospital settings: an American Heart Association scientific statement from the Councils on Cardiovascular Nursing, Clinical Cardiology, and Cardiovascular Disease in the Young: endorsed by the International Society of Computerized Electrocardiology and the American Association of Critical-Care Nurses. *Circulation*. 2004;110(17):2721-46.
  25. LMG da Silva, Pawluk LC, Gebrim LH, Facina G, de Gutiérrez MGR. Structure and process of nursing care for prevention of surgical site infection: observational study. *Online Brazilian Journal of Nursing*. 2009;8(1).
  26. Dunnion ME, Griffin M. Care planning in the emergency department. *Int Emerg Nurs*. 2010;18(2):67-75.
  27. Atashzadeh S, Ashktorab T. Factors influencing implementation of nursing process by nurses: A qualitative study. *Knowledge And Health*. 2011;6(3):16-23[Persian]
  28. Jasmi M, Mohaghal Aghdam A, Rahmani A, Abdollahzade F, Zamanzade V. Quality of nursing documentation and the factors affecting on that in the medical - surgical units. *Journal of Nursing Management*. 1391;1(3):37-44. [Persian]
  29. Jackson SE. The efficacy of an educational intervention on documentation of pain management for the elderly patient with a hip fracture in the emergency department. *Journal of Emergency Nursing*. 2010;36(1):10-5.
  30. Mokhtari nori J, Khademolhoseini SM. Quality of record nursing process in medical and surgical patients hospitalized in one of the university hospitals Baghiyatallah Gilan University of Medical Sciences Quarterly. 2003(49&48):47-51.[Persian]
  31. Habibzadeh H, Khajehali N, Khalkhali H, Mohammadpur U. Effect of evidence-based nursing education on nursing process in nursing students Urmia University of Medical Sciences. *J Nursing & Midwifery Urmia*. 2013;11(14):284-92. [Persian]
  32. Schloman BF. Information Resources: Information Literacy: The Benefits of Partnership [Online]. 2001 [cited 2006 June 3]. Available from: URL: [http://www.nursingworld.org/ojin/infocol/info\\_5.htm/](http://www.nursingworld.org/ojin/infocol/info_5.htm/)