



Implementation of evidence-based care in mental health nursing; barriers and strategies

A Literature Review

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<p>Abstract:</p> <p>Mental illnesses are one of the most frequent and most discussed topics in the world. The most common practices of mental health/ psychiatric nursing at present are based on old traditions and unsystematic trial and error methods rather than evidence supported methods. Evidence-based practice is an approach to modern nursing that uses best available evidences along with clinical experts' opinion and patient preferences. Despite being a major topic of discussion, the rate of implying evidence-based practice in real health care setting is relatively slow. There are still problems in effective implementation of EBP in mental health nursing. Thus, the aims of this study were to find the importance of evidence-based practice in psychiatric setting, its implementation, common challenges associated with the implementation and finding possible suggestions for overcoming the barriers.</p> <p>A literature review was done for this paper along with an inductive content analysis. Data were collected from reliable databases such as EBSCO, Pubmed, Science Direct, Sage and Google scholar. Altogether 10 articles were selected for the content analysis. The Iowa Model of Evidence-based practice to promote quality care was used as a theoretical framework. The findings of the study suggest that EBP improves quality of care, patient safety and satisfaction, professional development of nurses and long-term cost effectiveness in health care. Nevertheless, there are different challenges on administrative as well as staff levels while transforming traditional nursing care into evidence-based practice, such as lack of time, resources, relevant research studies, organizational support. However, steps can be taken to facilitate the change. Being more receptive to change, understanding the importance of EBP and availability of resources are some of the main considerable factors.</p>	
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FOREWORD

It is a great pleasure for me to thank everyone who made this thesis possible. Firstly, I wish to express my sincere gratitude to Arcada for providing me opportunity to study nursing and fulfil my dream to become a Nurse.

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Lastly, I offer my regards and blessings to all my teachers, friends, family and everyone who supported me in any respect during my study.

I also want to state that I am responsible for any kind of errors and any grammatical and spelling mistakes in my thesis report.

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Asmita Karki

1 INTRODUCTION

In this paper, the author will discuss and look at the importance of implementation of evidence-based practice in the field of mental health nursing and some challenges. Evidence-based practice is a topic of popular interest in the field of nursing that requires attention of nursing individual as well as the nursing organization to bring out the positive changes in the field of nursing. The burden of mental health problem is a common issue that nurses will face to, during some points of their career. Hence, it is essential for nurses to follow the evidence-based practices. An overview of mental health problems, their history and general introduction of evidence-based care will be discussed in the background chapter.

Evidence-based practice is a method of nursing practice that is based on the best evidences from research along with the clinical expertise and preferences of patient (Titler, 2008). The definition of the evidence-based practice suggests that to establish this method of practice, the main areas of focus are studies and research in the related field, understanding and comprehending the results and findings from those researches and then the implementation of those results into the nursing work in accordance with the patient preference. Implementation is a process of actively and methodically adding new evidences into a place, by considering the barriers, aiming effective strategies to concentrate on those barriers and utilizing organizational and informative procedures to increase efficiency (Rycroft-Malone et al., 2013).

In the theoretical framework chapter, the Iowa model for evidence-based practice will be discussed briefly. This model is a guideline to change the method of nursing practice to evidence-based practice. The methodology chapter will discuss on the methods used for research for this paper, which is literature review.

The reason for selecting this topic for the paper is the growing interest shown towards the nursing practice that is evidence-based. Even though the interest in evidence-based practice is growing, there are barriers that are hindering the process of implementation (Sandström et al., 2011). Some of the factors that contributes to challenge the implementation are lack of time and skills for finding and managing research evidence, nurses tend to base their work on knowledge collected from their own observations, colleagues and other

collaborators for support in practice are some of the barriers (Dalheim et al., 2012). Nurses must update themselves with the constantly emerging new information in their sector. This builds pressure for nurses to keep with new information alongside to overload of task. The evidence-based practice is a guide to help nurses figure out uncertainties to make clinical decision with the use of research evidences (Cullum et al., 2013).

In the field of mental health care, the care method passed down from generations are used often rather than best guidelines recommended according to the best available evidences (Stout, 2004). The available guidelines in theory are often neglected and not put into practice due to the lack of translation between research and practice. Psychosocial interventions can be considered as an example on how the practical implementation of evidence-based practice in psychiatric setting falls behind than that in the theory. Psychosocial therapies are supported as an effective method of treatment in schizophrenia but only 10% of the patient diagnosed with schizophrenia receive this method of treatment (Torrey et al., 2001). Hence, this area still needs to be researched for further and the author will try to concentrate on the potential barriers that hinders the implementation of evidence-based practices, in the field of mental health nursing through this paper.

2 BACKGROUND

2.1 Mental health:

According to World Health Organization (WHO), “mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” When an individual can think and behave appropriately according to his/ her age and societal or cultural values in response to internal or external stressors, he/ she is considered to have a sound mental health. The state of mental health is interpreted differently, and the interpretation can vary according to the society or culture to which the person belongs (WHO, 2007).

2.1.1 Prevalence of mental health in Europe:

Mental health issues are one of the frequent cases and discussed topics in the Europe. Among the 870 million people living in the Europe, more than 100 million have anxiety or depression, the alcohol use disorder accounts for over 21 million, over 7 million are estimated to have Alzheimer’s and other dementias, 4 million each for schizophrenia, bipolar disorder and panic disorders (WHO, 2005). After cardiovascular diseases, neuropsychiatric disorder is the most common cause for disability adjusted life years (DALYs) and accounts for almost 40% of the chronic diseases, depression being the most common cause. About 35-45 % of work absentees have mental health problems as the reason for their absence from work. Suicide, which is one of the consequences of mental health problems, is a leading cause of death, after road accidents, of young people aged from 15-35 years (WHO, 2005).

2.1.2 Possible causes for the increase of the burden of the mental illness

According to WHO report on Mental health context (2003), it is estimated that the burden of the mental disorders is likely to increase in coming decades and one of the reasons for this is the increasing number of elderly people who are vulnerable to mental disorders. There is significant reduction in the rate of infant mortality and infectious diseases which

is the reason behind the increase in life expectancy. This results in the increasing number of people of old age and hence increasing the probability of ill mental health. The lifestyle of present-day population influenced by urbanization is also contributing factor for the mental health problems. Possible outcomes of urbanization are increase in poverty, over-population, pollution, disturbances in family, loss of social support, all of which can majorly affect the mental health of people. The number of people exposed to armed conflicts, civil unrest and violence as well as people abusing drugs and alcohol are increasing at present. All of these are leading factors that can cause mental health problems. (WHO, 2003)

2.2 Mental health nursing:

2.2.1 Psychiatric Nursing

Psychiatric nurses provide nursing care to patients, in variety of settings, who have mental illnesses, disorders or discomforts. Mental illnesses/ disorders are frequently present in the society but often stigmatized strongly. The role of psychiatric nurses includes counselling, administering medications, evaluating treatments, facilitating group therapy sessions, guiding patients through their healing process. (Roy, n.d.)

2.2.2 History of psychiatric/ mental health care:

The history of mental health goes as back as the primitive era, where the mental disturbances were the possession of evil spirits and their cure included rituals such as starvations and extreme physical tortures. During 400 BC, Hippocrates distanced the mental disturbances from supernatural and linked it to the imbalance among the fluids in human body, which according to him, could be cure using certain drugs that induced diarrhea and vomiting. During the Middle Ages, (AD 500-1500), there was prevalence of relating mental problems with witchcraft in Europe, while in the Middle Eastern Islamic countries, the mental disturbances were beginning to be considered as actual illness, resulting in the establishment of units separated for patient with mental illnesses in the general hospitals. Even separate residential units were founded for the mentally unwell people. In USA, during the 18th century, hospitals admitted clients with mental illnesses and used measures

that contained both humanistic and kind approach to care those patient alongside harsh methods, for instance, bloodletting, physical restraints, extreme temperatures. Psychiatric hospitals and psychiatric nursing school began to be established during the 19th century in the United States of America. However, the psychiatric nursing was introduced in the curriculum of the nursing graduates in 1955 AD, when the therapeutic communication techniques and insulin and electroconvulsive therapies were mainly focused (Townsend, 2014).

2.3 Evidence based practice:

Evidence based practice is the delivery of care that is derived with the help of research-based information, expert opinion and patient preferences. For instance, turning patient who spend most of the time in bed, from time to time to prevent pressure ulcers. The process of evidence-based practice includes the evaluation of the research findings and reliable evidences that are based on scientific theories and implementing them into practice using one's own critical thinking skills keeping the patient preferences in account (Black, 2014).

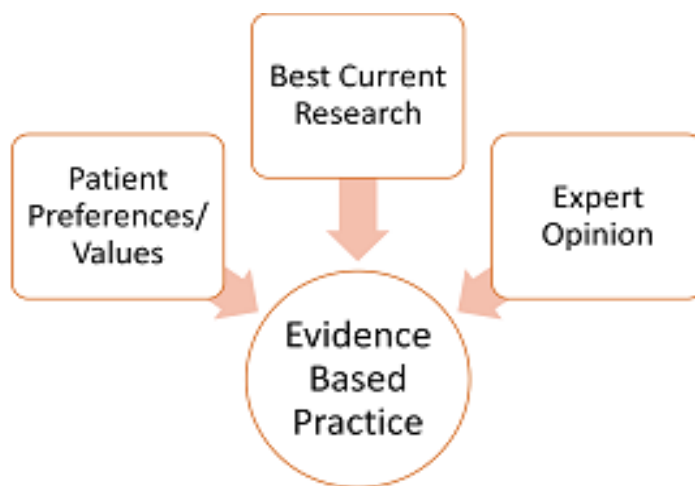


Figure 1 Components of Evidence-based practice.

Source: <https://study.com/academy/lesson/evidence-based-practice-in-psychiatric-nursing.html>

The concept of evidence-based practice started to gain popularity in the 1990s. Before the concept of EBP, research utilization was one of the bases on which nursing practice was developed and implemented. Research utilization is process that included changing of nursing practice, based on the result of single research. Although this form of practice included evidence from a scientific research, it did not include the clinical decision-making skill of nurses and the preferences of patient as the EBP does (Bussi eres et al., 2016). Hence, EBP is not as same as the research utilization. The evidences for an evidence-based practice is derived from many resources. The resources can be varied from a published research and educational content to practical experiences and patients' preferences, as well as nursing guidelines and policies, and professionals' opinions (Hamaideh, 2016).

The foundation on which evidence-based practice are implemented is the randomized controlled trial (RCT), which focuses to support the internal fairness of the assessment (Lloyd et al., 2004). According to Lloyd et al., (2004), when the identified group receives findings with an effective measure, the intervention is proposed, and it should be proficient to be adapted by a large setting and improve quality in care along with cost effectiveness. Briefly, the clinical practice should be effective in clinical setting and are not more expensive than an equally effective alternative treatment in addition to being efficacious in the research setting.

Evidence-based practice is often misjudged by stating that this form of practice neglects the individual care and considers only the research result. However, this is not the case. EBP is rather a constitution of best available evidence with clinician's expertise and patient preference. For instance, if an administrator receives suggestion from a nurse practitioner in cardiology who read a high-quality published research about a standardized telephone intervention for chronic heart failure patient to reduce hospital admission from worsened heart failure, then administration analyzes the cost-effectiveness and nurse uses her clinical expertise to analyze the eligible patient for this type of intervention. In addition to that, when patient receive this information, patient who are too weak or have weakened hearing are unlikely to choose this type of intervention. Hence, this intervention is not practiced in these types of cases. Thus, clinical expertise and patient preference are key factors in decision making process in EBP (Cullum et al., 2013)

2.3.1 Evidence based practice in mental Health:

The most common practices of mental health nursing at present are based on old traditions and unsystematic trial and error methods. In a study to identify sources of knowledge and barriers to using EBP in 145 Irish psychiatric nurses, (Yadav and Fealy, 2012a; 2012b), it was found that, most psychiatric nurses learn and adapt mostly from their own daily experiences and from fellow practitioners rather than that from published research. The barriers for implementing EBP, according to this study were found to be lack of enough time to go through research studies, difficulty in finding as well as understanding research reports (Hamaideh, 2016).

In the field of mental health care, there is still lack of adequate amount of research based psychosocial interventions. Nevertheless, there are few interventions that have proper research and guidelines to practice. Some of which are interventions such as supported employment, family psychoeducation and integrated substance use. Supported employment is EBP for people with severe mental illness that aims to help them to participate in competitive labor market, work according to their preference along with the professional help. Family psychoeducation is another example of EBP that has helps to reduce the relapse rates in people with a mental illness. Another effective example of EBP in the field of mental health care is integrated treatments, which deals concurrently with two or more interconnected chronic disorders (Lloyd et al., 2004).

3 THEORETICAL FRAMEWORK

3.1 Nursing theories and model

Nursing theories give the foundation for practicing nursing along with conducting research and better understanding of nursing phenomenon. Nursing theories help nursing professionals to identify and evaluate their patient needs and perform their everyday work. Nursing theories and models are terms often used interchangeably. Nursing models are more abstract, and they are systematically designed to help nurses to organize and plan their care. Models are also used in research to develop theories (Mckenna et al., 2014).

Applying evidence-based care into practical use is a complicated process because this involves decisions such as ability to distinguish a qualitative and reliable source, critical assessment of the findings of the studies and implementing those into practice without forgetting the basic essence of nursing that is care according patients' individual needs and preference. Therefore, nursing models for bringing change can be used as a tool to guide nurses as individual or the organization, to apply evidence-based nursing practice by assessing and evaluating different kinds of evidences and theories. The model used for this study is the Iowa Model of evidence-based practice to promote quality care.

3.2 The IOWA model of EBP to promote quality care

The IOWA model was first published in 2001. This model guides on how to apply evidence-based practice in nursing care and for making clinical decision. This model addresses both individual and organizational aspects of EBP change because it discusses both clinical and administrative decision making. However, a limitation of this model is that it favors more for a team and organization rather than individual because this model consists of steps including teamwork, organizational support, and changes in system (Rycroft-Malone et al., 2010).

The Iowa Model was initially, in 1994, proposed as the Research Based Practice (RBP) model and was applied in University of Iowa Hospitals and clinics. The RBP model used the findings of research to improve patient care. The original model consisted of

identification of problem-based or knowledge-focused triggers and addressing of those clinical inquiries using the research findings. The model was appreciated by its user because the model consisted of a guide to utilize research into practice, emphasized on testing to small pilot group before applying the change on a big scale, and included evaluation to find out if the result from the researches occurred in practice after the change was done (Titler et al., 2001).

The Research based practice model was later developed into evidence-based practice model. The development was made in response to the users' feedback, ongoing changes in the healthcare area and use of other evidences along with research findings.

3.3 Overview of Iowa Model for EBP:

The improvised model for bringing change in nursing practice includes the following steps:

3.3.1 Triggers

During nursing practice, various problem can arise such as risk management data, financial data, or the identification of a clinical problem. These need for change derived from problems are known as problem- focused triggers. Beside these, one can come across knowledge-focused triggers, which are resulted from the findings of new research or guidelines of new practices (Brown, 2014). In IOWA model for EBP, the first step is to identify a problem- focused trigger or knowledge- focused trigger where EBP change is required.

3.3.2 Selecting a relevant topic

The next step, after identifying a trigger, is for the nurse or team to determine whether the problem at hand is a priority for the organization or the unit in which they work. The prioritizing of the problem is based on the volume, cost or on how interesting the topic is for the staffs who work for bringing in the change. There is possibility of having to choose from a list of topics that have high priorities. The main issues that should be considered while determining the priority of a trigger are strategic ai of the organization, cost

required, size of the problem and size of the people affected, interdisciplinary support and likely obstacles to the change (Titler et al., 2001).

3.3.3 Forming a team

Formation of a team for the development, execution and assessment of the evidence-based practice change is a step added in the revised model that was lacking in the initial one. The constitution of the team depends on the problem that is being considered for EBP change. For a better result, the team should include other professionals along with nursing professionals (Titler et al., 2001).

3.3.4 Gathering evidences

This step involves shaping a suitable question and search for literature and research studies. For this step, it is essential to find good keywords and use the proficiency of a medical librarian who can assist in finding qualitative literatures such as published and reviewed articles and evidence-based journals.

3.3.5 Critiquing the evidences

Critiquing is done to sort out reliable and valid articles from of all available studies. It is a team work, especially involving advanced practice nurse and every article needs to be critiqued before implementing its result for practical change. Titler et al., (2001) explained the areas of consideration for reviewing are steady results from multiple studies, quality of the studies, the clinical significance of the results, the practicability of the findings, the barriers and advantages. In case of insufficient relevant studies, an actual study can also be carried out.

3.3.6 Developing pilot practice

Before the implementation of the EBP change, a pilot practice change in a smaller area is introduced. The expected outcome and collecting data as well as developing a written guideline for EBP is done while piloting the practice change. The process and results of the pilot is evaluated and modified.

3.3.7 Implementation of the change into practice

If the outcomes from pilot practice is positive, it is then implemented throughout the organization or applicable patient population. The essential components for the change in practice is brought about by support of the organization, education of nurses and relevant disciplines to carry out the change, their perception that the change will improve the quality of care and allowing time for the change to occur.

3.3.8 Evaluation

After the implementation of the change, the practice should be evaluated. The evaluation should include monitoring and analyzing the changes in patient, staff and the outcome of the change.

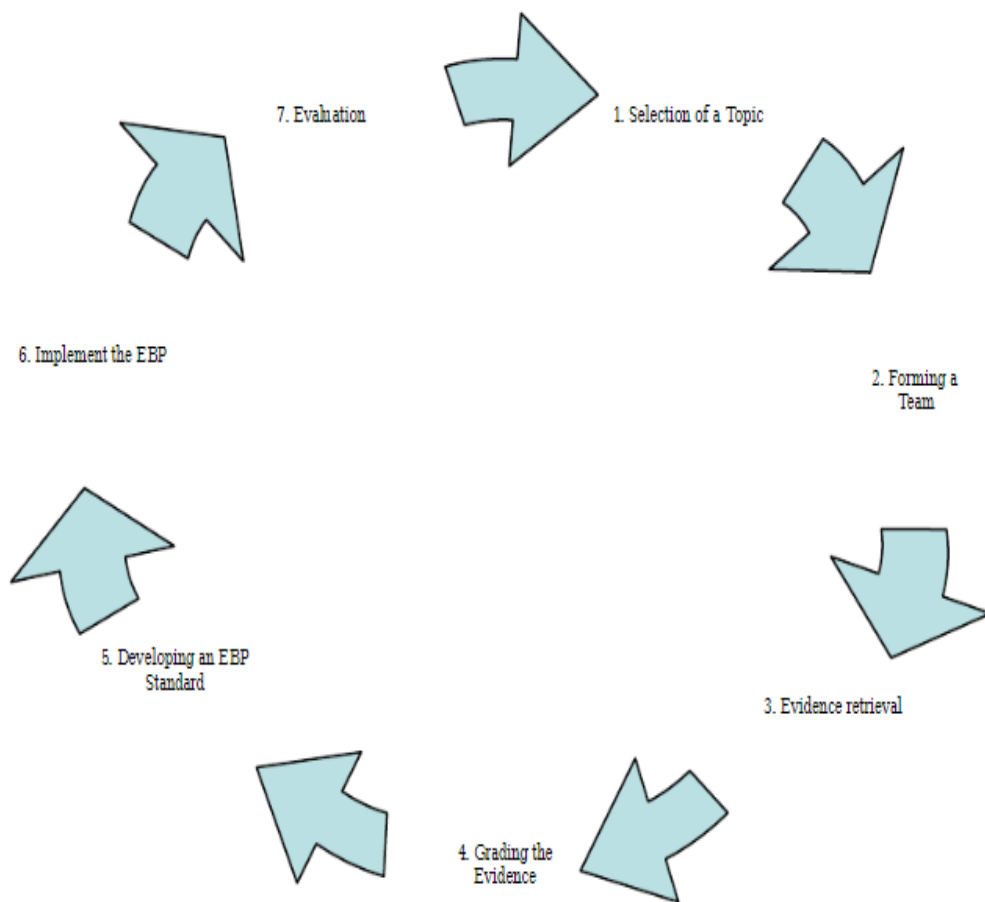


Figure 2 Steps of Iowa Model for EBP

Source: <https://www.magonlinelibrary.com/doi/10.12968/bjon.2011.20.11.661>

3.4 Use of model for change in mental health nursing

The author chose this model of evidence-based practice change because this model can be used as a foundation for bringing evidence-based practice into use. In the field of mental health nursing, there is still prevalence of using care practice with insufficient evidences and mostly based on old tradition (Hamaideh,2016). The study done in 164 psychiatric nurses in Saudi, by Hamaideh (2016), showed that the main reasons that hindered the use of eternal knowledge and research evidences were insufficient time to find and study the research reports, lack of reliable resources for evidences and difficulty in understanding the research reports. This shows that there is lack of enough trainings and education in the field of implementing evidence-based practice and the responsible organization should be active to train and provide adequate time for their staffs. Hence, this model can serve as a base for the organization to mentor their staffs to change the practice from traditional way to evidence- based method. The Iowa Model of EBP assists the nurses to make a framework with which they can shape a foundation of change within their workplace (Kowal, 2010). The guidelines from this model provides nurses with ability to question their method of care process when required as well as find answers to them through research utilization and implement developed and reliable suggestions to practice.

4 AIM AND RESEARCH QUESTIONS

4.1 Aim of the study:

The aim of this study is to discuss about the importance of evidence-based practice in mental health nursing, the method of implementation of EBP in mental health nursing and to find out the barrier for the implementation of evidence-based practice and what can be the possible measures that helps nursing professionals to change their nursing practice from traditional methods to evidence-based system.

4.2 Research question:

RQ: What are possible benefits and challenges in implementing EBP in mental health nursing and suggestions for overcoming the barriers?

5 METHODOLOGY

Methodology section in a paper includes the technical steps taken to do the research and reasoning of the purpose of the steps taken (USC, 2018). This section contains the information which determines the validity and reliability of the paper. The section should contain the clear and precise information such as the procedures used for the systematic selection, collection and processing of data (Kallet, 2004). Therefore, this segment describes the methods of data collection, preparation of the study, research protocols and the analysis of data in the chronological order.

5.1 Data Collection:

5.1.1 Literature review:

A literature review was used as a method of study for this thesis. The literature review offers a background information, establishes an understanding and advances a research process. A literature review is a thorough study and analysis of a literature that concerns a topic (Aveyard,2010). A thorough literature review provides support for the research question of a study, and it is done with the aim of establishing critical synthesis of the topic along with its strengths and weaknesses (Williams et al., 2004). Hence, a comprehensive review of literature is the base for developing the understanding of any study topic.

5.1.2 Inclusion and exclusion:

The articles used in this paper for the literature review were gathered systematically from reliable databases such as Academic Search Elite (EBSCO), PubMed, Sage, Science Direct and Google Scholar. The search keywords such as “evidence-based practice”, “mental health”, and “nursing” were used to search the articles. Exclusion and inclusion criteria were established to limit the results to get proper articles. The language of the articles was limited to English and the articles that were available in full text for free were used. Articles published before 2000 AD were excluded. A table with the inclusion and exclusion

criteria and the table with the articles reviewed for this thesis can be found below (Table 1).

Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> i. Articles focusing on evidence-based practice in mental health nursing ii. Articles available in full texts iii. Articles published in English iv. Publication date between 2000- 2018 AD 	<ul style="list-style-type: none"> i. Articles not focusing in evidence-based care ii. Articles without references iii. Articles without full access iv. Articles published before 2000 AD

5.1.3 Presentation of the selected articles

The selected 10 articles are presented in the following list:

1. Hamaideh, 2016. Sources of knowledge and barriers of implementing evidence-based practice among mental health Nurses in Saudi Arabia. *Perspectives in Psychiatric care*.
2. Youssef et al., 2018. Egyptian and Jordanian nurse educators' perception of barriers preventing the implementation of evidence-based practice: A cross-sectional study. *Nurse education today*.
3. Forchuk, 2001. Evidence-based psychiatric/mental health nursing. *Evidence-based mental health*
4. Crawford et al., 2002. Reluctant empiricists: community mental health nurses and the art of evidence-based praxis. *Health & Social Care in The Community*
5. Horsfall et al., 2011. Developing Partnerships in Mental Health to Bridge the Research-Practitioner Gap. *Perspective in psychiatric care*
6. Zauszniewski et al., 2012. A Decade of Published Evidence for Psychiatric and Mental Health Nursing Interventions. *The Online Journals of Issues in Nursing*

7. Rice, 2008. Psychiatric Mental Health Evidence-Based Practice. American Psychiatric Nurses Association
8. Bilsker, Goldner, 2000. Teaching Evidence-Based Practice in Mental Health. Research on Social work practice
9. Lloyd et al., 2004. Occupational Therapy and Evidence-Based. Practice in Mental Health British Journal of Occupational therapy
10. Bailey et al., 2016. Evidence Translation in a Youth Mental Health Service: Clinician Perspectives. Sage open

5.2 Data analysis:

The data analysis for this paper was done by qualitative content analysis. According to Mayring (2000), qualitative content analysis is an approach of empirical, methodological controlled analysis of texts within their setting of communication, content analytical rules and step by step models, without rash quantification. In the process of content analysis, the researcher must follow a qualitative perception, with the focus being the achievement of the consistent and reliable results (Bengtsson, 2016).

Content analysis is used to determine the presence of certain words, concepts, themes, phrases, characters, or sentences within texts or sets of texts and to quantify this presence in an objective manner. There are two general types of content analysis: Conceptual analysis and relational analysis. While conducting a conceptual analysis, first, the research questions are made, and samples are selected. Then text is coded to content categories by selective reduction. The broken-down contents are analyzed and reflected. While conducting a relational analysis, the relationships among concepts in a text are analyzed. Initially, the text is coded and then the possibilities of that study are determined. For relational analysis, it is important to first decide which concept types are to be explored in the analysis. (Colorado State University, 2004)

For the qualitative content analysis of the data, the task was divided into three phases of collection, organization and finding the results phase. At first, the collected articles were read thoroughly. While reading the articles, notes were taken. After the thorough reading, the research questions were taken into consideration to gather their specific answers. After this, the organization of the data was done by reading the articles again and developing

codes (Figure 3) to answer the research questions. Then, the result was stated as the final phase.

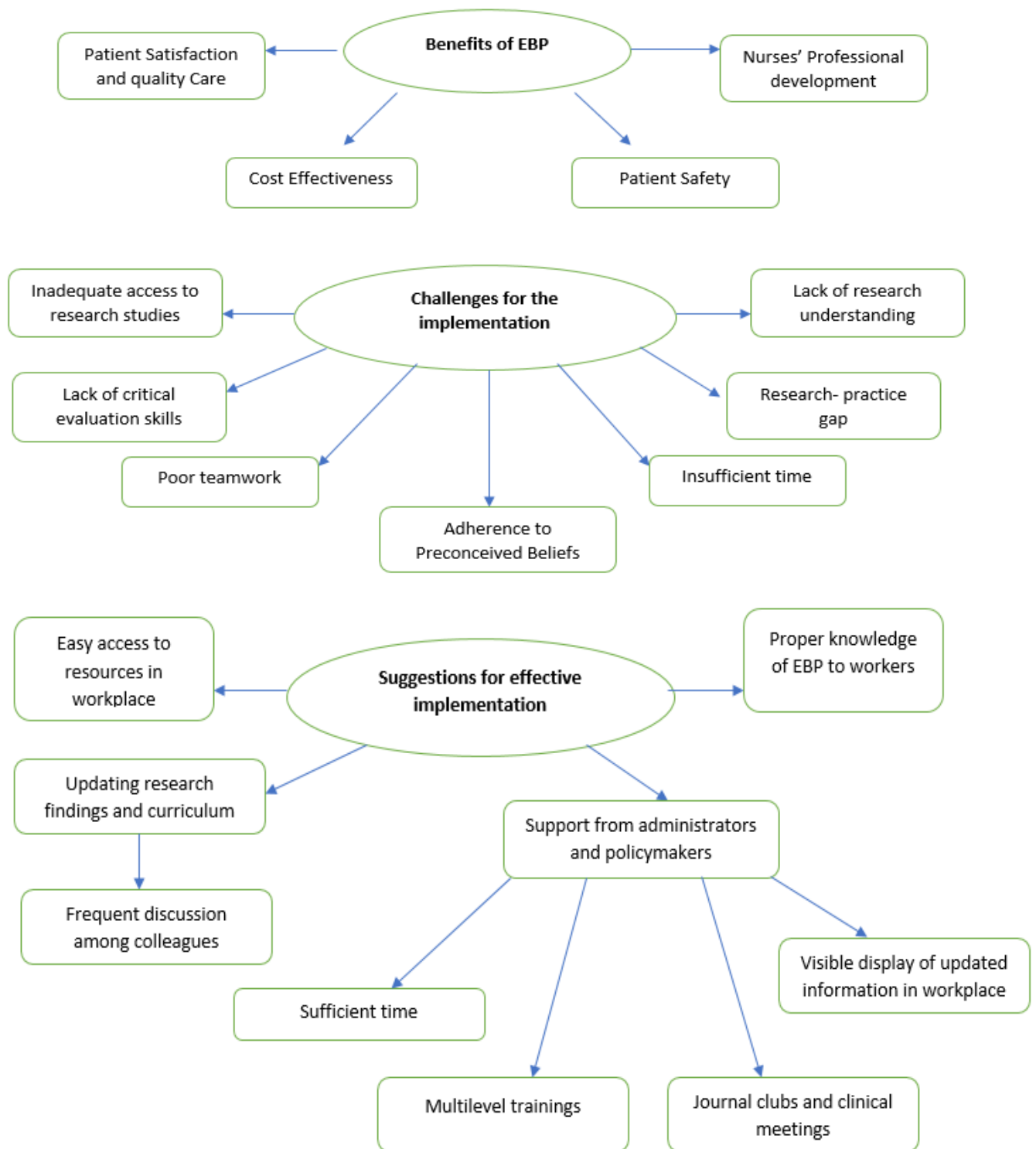


Figure 3: Content analysis code chart

5.3 Research ethics

The ethical standards for nursing as well as all other scientific research include topics such as honesty, objectivity, integrity, openness, respect for intellectual property, confidentiality, social responsibility, non-discrimination, legality, human subject protection and so on (Ndibalema, 2016). While conducting any kind of research, it is important that the participants' well-being is of higher priority and should be respected and the researchers should give attention towards increasing the benefit of research to the society as well as decreasing the risks to the research participants. Fair conduct, non-biased findings and respect for intellectual property should always be considered. (Emmanuel et al., 2004)

While writing this paper, the ethical aspects of research were taken into consideration. To avoid plagiarism and to give credits to the intellectuals, all the sources used for this paper are cited and referenced accurately according to Arcada's guideline and the Harvard referencing system. For a reliable and trustworthy results, the articles were collected to be analyzed only from the academic search portals. The studies used for the paper used proper research guidelines to protect their participants' privacy.

6 RESULTS

The background chapter of this paper gives introduction about the importance of evidence-based practice in mental health nursing. The method of implementation of evidence-based practice is discussed in the theoretical framework with the discussion of the Iowa model of change for quality care. The result chapter now, analyzed from the above mentioned articles, further displays the benefits of evidence-based practice in mental health nursing as well as answer the research question of the paper, which was to find barriers for the implementation and strategies to overcome the barriers. The common themes discovered while reviewing the literatures are discussed to achieve a better understanding of the results found in the articles.

6.1 Benefits of evidence-based practice

From the above mentioned ten articles in the methodology chapter, the following benefits of evidence-based practice in the field of mental health or psychiatric nursing are found.

6.1.1 Patient safety and quality care

It is found that the improvement and implementation of evidence-based practice in mental health care setting has positively affected the safety of patient (Hamaideh, 2016). Zauszniewski et al., (2012), also states that the result for patient outcome is improved with the evidence-based care in practice.

6.1.2 Cost effectiveness

The evidence-based practice is found to be cost effective and can save health care money (Zauszniewski et al., 2012). The best available method of care which is also cost efficient, can be used in those cases where multiple approaches of care are available for a certain case.

6.1.3 Patient satisfaction

Results from the articles show that the patient satisfaction is improved with the use of best available evidence for the care in practice (Zauszniewski et al., 2012; Hamaideh, 2016; Rice, 2008). There is improvement in the services received by mental health patient with the adaptation of EBP, thus resulting in the increase of patient satisfaction (Hamaideh, 2016; Rice, 2008).

6.1.4 Professional development of nurses

With the implementation of EBP in mental health nursing, it is found that the opportunities for the professional development of mental health nurses is increased due to the participation in multi-level trainings, skills to evaluate and assess research studies and critical decision making. (Zauszniewski et al., 2012). Nurses develop the ability to evaluate the formal and informal health information (Hamaideh, 2016; Rice, 2008). With the nurses in field practicing evidence-based approach, the possibility of new graduated nurses as well as student nurses being more receptive of EBP is increased (Bilsker & Goldner, 2000).

6.2 Challenges for implementing EBP for mental health nurses

With the increasing information being available for the use of EBP in mental health care, more nurses are beginning to understand its meaning and importance. However, there are challenges for the implementation of EBP in practical setting.

6.2.1 Lack of time, skills and reliable resource

The most common barrier for the implementation of EBP in mental health nursing was found to be lack of time to find, read, understand, assess and implement the research studies and their findings (Crawford et al., 2002; Hamaideh, 2016; Lloyd et al., 2004; Youssef et al., 2018). for finding relevant research and analyzing the results. Nurses are preoccupied with excessive workload and hence feel they are unable to manage time to find valid research and read and evaluate the finding and implement the change (Hamaideh, 2016). It is shown that there is difficulty for nurses in understanding

language and terminologies of clinical research and the selection of journals and research studies (Zauszniewski et al., 2012).

6.2.2 Resistance to change

It is found that many nurses are resistance to change because of preconceived ideas and find it difficult to challenge the previously held beliefs and commitment (Bilsker & Goldner, 2000). There is belief among nurses that the results from the research are not generalized to nurses' own setting and are impractical due to heterogeneity of population and interventions (Hamaideh, 2016; Lloyd et al., 2004). Results from the articles show that the mental health nurses tend to believe randomized control trials (RCTs), which are the base for the research studies for EBP, disregards the complexities of consumer experiences (Horsfall et al., 2011).

6.2.3 Lack of organizational support

The support from the colleagues and the administrators are found to influence the implementation of EBP. It is found that the administrators tend to demand for EBP without clear understanding of its implication and effects on the workers as well as the clients (Lloyd et al., 2004). The lack of support from co-workers and poor teamwork are also one of the challenges found while implementing EBP (Hamaideh, 2016). Lack of authority to bring the change in work place is another main barrier for implementation of EBP (Youssef et al., 2018).

6.2.4 Limited interventional studies in mental health area

It is shown that the intervention studies in the field of mental health nursing are limited (Hamaideh, 2016), which leads to difficulty in finding relevant studies, and leading to finding articles that have different content in relation to the topic (Forchuk, 2001). It is also found that the limited research studies are reasons that hinders the nurses to find reliable sources and journals (Zauszniewski et al., 2012). The research- practice gap is another challenge that is found in the implementation of EBP, which is the stereotype beliefs of researcher about the health professionals that they always criticize EBP as

impractical and preconceived ideas of health workers about the researchers that they always promote randomized controlled trials (Bailey et al., 2016; Horsfall et al., 2011).

6.3 Strategies to overcome challenges

6.3.1 Awareness to professionals

Results show that the nurses should be taught about EBP as a valuable competency of their work (Bilsker & Goldner, 2000; Hamaideh, 2016). Nurses can be frequently informed about the updates and revisions in their field of work. Clinical studies should be used in professional life, rather than viewing them only as academic exercises during student life (Rice, 2008; Zauszniewski et al., 2012).

6.3.2 Support from administration and policy makers

It is seen that administrators often make regarding evidence-based practice expecting the staffs and patients to accept it without proper introduction and explanation of the changes., the better chances of successful implementation would be if the administrators are able to make them understand the importance and need for change. (Lloyd et al., 2004)

6.3.3 Time and training for research studies

The results from the articles show that the nurses require time for them to study the research studies, understand them and apply the changes in their professional life (Crawford et al., 2002; Hamaideh, 2016; Lloyd et al., 2004; Youssef et al., 2018). Furthermore, it is found that there should be multilevel trainings and meetings to train and produce skillful nurses required for the smooth implementation of EBP (Crawford et al., 2002; Hamaideh, 2016; Lloyd et al., 2004; Zauszniewski et al., 2012).

6.3.4 Easy access to research studies in workplace

Nurses should have easy access to the research studies in their workplace (Crawford et al., 2002). The use of wall magazines and posters in the workplace is a way to inform about the latest best evidence- based practices in the field of nursing (Hamaideh, 2016).

6.3.5 Lowering the research practice gap

Results show that the research practice gap should be lowered by creating more researches in clinical setting (Lloyd et al., 2004), establishing communication and trust between the researchers and health professionals and well-equipped translators to translate evidences into practical guidelines (Horsfall et al., 2011; Bailey et al., 2016).

7 DISCUSSION

The literature review of the given articles produced the information about the benefits and challenges along with some suggestion to improve the implementation of evidence-based practice in mental. Most of the articles show that the nurses acknowledge the importance of change of traditional method of practice into evidence-based practice. However, there are difficulties to convey them into practice. Thus, some efforts are required so that the implementation of EBP in mental health nursing is improved.

For research results to put into the practice, a certain framework would be beneficial rather than a random implementation. The Iowa Model explained in the theoretical framework of this paper is an example of such structured framework that aids to smoother implementation of EBP. This model is designed with planned strategies for interventions and tools to implement evidence-based findings into practice with an aim to gain a more successful result compared to an unorganized random implementation (Sales et al., 2006). The steps include a detailed guideline that starts from raising a question as the first step of the change process, selecting a topic of priority, forming a team, gathering reliable evidences, sorting out the evidences, forming a plan and trials and finally implementing the evidences into field practice, followed by evaluation of the change process and updating as necessary. From the results derived in the finding sections, it is visible that the implementation of EBP is a difficult process and the challenges arise are in individual level, organizational level and sometimes as a result of a combination of individual and organizational mismanagement. The Iowa model guides the administrators to mentor their staffs to change the practice from traditional way to evidence-based method as well as the nurses can use the framework to build a foundation of change within their workplace (Kowal, 2010). This theory helps nurses to be able to raise a question about their method of care process, and relatively be able to find the answers or solutions to what changes need to be made, by using the method of research utilization and then be able to implement developed and reliable suggestions into practice.

The implementation of evidence-based practice in mental health care setting has positively affected the safety of patient since EBP is the combination of best available practice method along with clinical expertise and the preference of the patient (Hamaideh, 2016;

Zauszniewski et al., 2012). The evidence-based practice requires the employers to update their employees with continuous training for their professional development along with close clinical supervision, which seems expensive with more upfront costs (Lloyd et al., 2004). Nevertheless, the application of EBP in mental health care setting results to a durable, cost effective and health outcomes for the nation. If EBP is in use, there are chances of practicing a certain approach to care for certain disorder, hence avoiding trying out multiple approaches which may be costlier.

The patient preference is one of the critical factors of EBP. Traditional practice of care relies on the nurses, own experience or the knowledge passed on from the past without giving the importance to the preference of patients. Conversely, EBP is the combination of best available evidence for the care in practice along with the patient preference and the clinical expertise, hence, improving the experience of patient and improving the satisfaction of patients (Zauszniewski et al., 2012; Hamaideh, 2016; Rice, 2008).

The nurses are overloaded with tasks at present days due to factors such as shortage of health care workers and are often expected to deliver more service in reduced time. Therefore, according to nurses' own experience it is found that for the implementation of EBP, there is lack of time to find good research and appreciate their findings, or apply them in practice (Crawford et al., 2002; Hamaideh, 2016; Lloyd et al., 2004; Youssef et al., 2018). Besides, the insufficient time for research studies, another common challenge for the implementation of EBP is lack of IT skills and the skills of nurses to understand language and terminologies and to select a good quality clinical research or journals (Crawford et al., 2002; Hamaideh, 2016; Lloyd et al., 2004; Youssef et al., 2018; Zauszniewski et al., 2012). Multilevel trainings for the professional development of nurses is required to solve this problem. These types of trainings produce more skilled manpower in the health sector and when such manpower trains the student nurses, it increases the possibility of new graduated nurses being more receptive of EBP (Bilsker & Goldner, 2000; Hamaideh, 2016; Rice, 2008). Furthermore, nurses should have easy access to the research studies in their workplace (Crawford et al., 2002). The public domain may not contain open access to all the information and hence, often many useful resources can only be accessed by paid subscription or certain membership. Therefore, platforms should be available for nurses to do their research.

The intervention studies conducted in the field of mental health nursing are limited in number (Hamaideh, 2016). Due to this, there is difficulty in finding relevant studies (Zauszniewski et al., 2012, and mostly nurses end up finding articles that have different content as opposed to the one mentioned in the topic (Forchuk, 2001). Another challenge in the field of EBP is the research- practice gap (Horsfall et al., 2011; Bailey et al., 2016). The setting for the RCT is conducted for a research study and the real clinical setting in which the actual change is to be implemented is different. To overcome the research-practice gap, there should be continuous changes made so that more researches are conducted in the clinical setting (Lloyd et al., 2004). Moreover, the data from non- randomized trials should also be utilized to establish evidences for mental health interventions and not exclusively depend on the RCTs.

The stereotypical issues between the researchers and the health professionals about one another also contributes to creating the research- practice gap. There are preconceived ideas of researcher about the health professionals such as they often criticize EBP as impractical and predetermined ideas of health workers about the researchers that they tend to promote randomized controlled trials too much (Horsfall et al., 2011, Hamaideh, 2016, Lloyd et al., 2004). Mental health nurses tend to believe randomized control trials (RCTs), which are the base for the research studies for EBP, disregards the complexities of consumer experiences (Horsfall et al., 2011). For lowering the research-practice gap, in EBP, the studies that reflect the efficacy and the studies that indicates effectiveness or that shows both should be included (Lloyd et al., 2004, Horsfall et al., 2011, Bailey et al., 2016).

The support from the colleagues and the administrators are essential factors that affect the integration of EBP in nursing. The managers tend to mandate changes without learning whether the staff is prepared with necessary training s and understanding of the changes (Lloyd et al., 2004). It is important the staff and the patient are aware about the necessity for the changes. The administrators or the policymakers see the upfront cost of trainings and close supervision and tend to label EBP as a costly practice, when the professional development of nurses from the trainings and the effective care practice are cost effective in the long run.

Besides the support of administrators, the support from co-workers plays important part in the effective implementation of EBP. Poor teamwork resists one to bring the change of practice in workplace. (Hamaideh, 2016; Youssef et al., 2018). The preconceived ideas prevent the nurses to have an open mind for accepting change and hence, find it difficult to challenge the previously held beliefs and commitment (Bilsker & Goldner, 2000). These reasons, therefore, may result in lack of support from colleagues. Hence, nurses should be frequently made aware about EBP as a valuable competency of their work (Bilsker & Goldner, 2000; Hamaideh, 2016). Nurses need to be regularly informed about the updates and revisions in their field of work. The use of wall magazines and posters in the workplace is a way to inform about the latest best evidence- based practices in the field of nursing (Hamaideh, 2016). Furthermore, the nurses should be trained to understand that reading and using clinical studies is a normal and an important practice in professional life (Rice, 2008; Zauszniewski et al., 2012).

Along with the benefits of EBP in the psychiatric field, the criticism towards this approach is often found. There is constant debate for and against the Evidence-based practice in the field of both clinical care setting and mental health care setting. One of the most common criticism towards EBP is that the research studies excludes people with multiple or complex problems resulting in an increased research-practice gap and hence not addressing the complex real-life situations (Benton, 2018) . Another critical comment towards the evidence-based approach is that the individuality of patient is ignored, and the results of the research trials are more focused (Geanellos, 2004), that creates the disagreement with the essence of psychiatric care which is making individual needs a priority and developing a warm therapeutic relation during psychiatric care.

8 CONCLUSION

The articles and research used in this paper indicate that there are different challenges and complications while transforming traditional nursing care into evidence-based practice. The challenges are comprised of different factors such as administrative level, staff factors and translating research findings into clinical settings. However, there are steps that can be taken to lower the challenges and facilitate the change.

Nurses on individual level need to be receptive of the change and understand the importance of EBP and the managing level also need to address the fact that there are requirements that need to be fulfilled so that the changes can be implemented. Since evidences from the clinical research are evident part of the EBP process, there needs to be a process to facilitate evidence translation into practical guidelines. However, being open to EBP does not mean that guidelines or programs are changed senselessly whenever some new study emerges. It rather indicates being aware and active enthusiastic towards the fast-growing clinical research sector and creating an atmosphere of communication among the co-workers along with updating them with trainings related with EBP.

8.1 Limitations and recommendations

There was difficulty in finding the articles that constituted both evidence-based practice and its implementation in the field of mental health nursing. There was limited option regarding the countries of research and the years of publication of the articles chosen. Therefore, the articles from different parts of the world and the combination of older and newer research articles were included for this paper to gain most appropriate and updated information and answer the research question. Due to the financial barriers, the articles that have free access were only used for the research.

It is recommended for future researchers to integrate the literature review with other qualitative and quantitative research studies. This aids to establish a base for the study with more detailed data and information. Further research is needed frequently in the field of EBP in mental health nursing sector.

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