

# ASSESSMENT OF THE BARRIERS TO THE IMPLEMENTATION OF FALL PREVENTION CLINICAL PRACTICE GUIDELINE AMONG NURSES IN DHQ HOSPITAL FAISALABAD

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## **Abstract**

The theory of behavioral change in the professional practice of trying to influence the analysis shows that the barriers to change. The purpose of this research has led to obstacles for nurses, an evaluation of the perceived barriers to practice change, and assistants, Faisalabad five acute care hospitals to prevent the fall of a clinical practice guideline implementation. The Clinical practice guidelines for the implementation of the most significant challenges, including: staff and patients' knowledge and motivation, the availability of support staff, facilities, education and health status of patients. Fall prevention in clinical practice Qaeda to use a lot of obstacles. This is an acute care settings to identify barriers to DHQ Hospital Faisalabad clinical practice guidelines in the implementation of the work the foundation for further research.

## **Introduction**

Knowledge of best practices from the translation of health research, patient care, and the results can be significantly improved. The clinical need for effective recognition of research knowledge to demonstrate the impact on the practice of slow. Health research team of obstacles for

the implementation of individual practitioners, clinical, operational and organizational point of view, including many levels. The difference with the plethora of scientific literature phenomenon. The average practitioner, nurse, or doctor to find and research publications do not have the time or the skills to assess the size. In addition, nurses, specialists, contrary to the results of the research or advice about treatment options may be ambiguous. This is consistent mood can change the time limit for the implementation of research, practice, research literature, low-power concept, the lack of critical evaluation skills, and lack of support for use as a research noted that many of the barriers approved in conjunction with the research and findings. In response to these findings, published in the synthesis of the research and development of clinical practice guidelines as a means for facilitating the application of research evidence. Guidelines include recommendations complicated research findings as an important tool for the translation service; Such as the need for critical evaluation and synthesis capabilities for use in research to overcome the barriers; and removing the requirement of the interpretation of a large volume of scientific research.

## **Literature review**

Fortinsky et al. (2004), health care providers, according to reports, after the educational intervention to solve the fall of evidence-based risk factors in elderly patients and health care providers to determine the extent to interfere with the identification of patients with risk factors to determine when it would face obstacles, reports. (Self-reported practices of direct intervention or referral) and Falls obstacles for seven evidence-based risk factors: walking and transfers impairment, balance disorder, is' p medication, postural hypotension, emotional and sensitive deficit, shoes and footwear, environmental problems and risks. Walking with disabilities and transmission of respondents (85%), and balance disorder (82%) and patients were most likely to report directly interfere with the foot or shoe problems (58%) and the sensor, or when faced with a sensitive deficit This is the lowest (61% ). ED physicians or shoes for foot problems or problems footwear (20%), nurses, home health agency, or a sensitive sensor defect (50%), and office-based primary care physicians for direct-to ' correct intervention or referral (50%) reported the lowest rates. Medicare and other health care providers and the lack of sufficient availability of a successful return for patient referrals were the most commonly reported barriers to patient compliance, while a couple of the most common risk factors for successful direct intervention to Squeeze '. After the implementation of the CCFP, health care solutions to the direct intervention or the risk factors of patients with providers, but most of the results provided some room for improvement in the assessment and management of risk factors identified groups with special health care provider . patient compliance with health care providers for the optimal intervention by the barrier,

because the patient seems to be needed for education, health care provider education

## **Materials and Methods**

### **Design**

A research and design operations against the obstacles for the implementation of clinical practice guidelines for nurses has led to the idea, was selected to evaluate the perceived barriers to change. This Faisalabad five nurses working in acute care hospitals for the administration of a questionnaire carried out.

### **Location**

Faisalabad all acute care general hospitals, which are also involved in the case. This is similar to the five hospitals in terms of clinical services provided to hospital features 100 beds on average patients had acute care tertiary education facilities, power saw, and technical staff size bed.

### **Sample**

During the four-week delivery time to check hospitals, medical surgical nursing and geriatric units running all employees were invited to fill in the questionnaire. They are the majority of hospitals in clinical settings, these places were chosen.

### **Data collection**

five hospitals participating in the survey over the last three months of September to November 2017, approved the survey, "Barriers and facilitators developed assessment tool," Administration. 100 questionnaires were distributed. Polls personal invitation envelopes were placed in contact with an explanatory letter. After dissipative uses, in order to facilitate the distribution of their respective places all responsibility for the distribution of plots for nurses, nurse managers were delivered by one of the researchers or research

collaborator at the hospital. It took about 15 minutes to complete a questionnaire. "Return" is provided in each chamber of respondents was asked to complete the questionnaire instead of the envelope in the box. A four-week time frame dates back to distribution. Due to the week before the date of e-mail request for the return due date approaching, sent to the heads of all the sisters to remind nurses.

## **Results**

### **Demographic**

A total of 100 nurses returned the survey. Table 2 Faisalabad five hospitals for the demographic characteristics of the respondents. The average number of years worked as a nurse 7.6 years is the average age of the respondents was 29.5 years. 34% of survey respondents had experience. Nurse-demographic characteristics of the respondents Faisalabad five acute care hospitals in the country.

### **Obstacles for the implementation of the guidelines**

Obstacles for the implementation of CPGs in practice by nurses as a distinctive element characteristics are summarized in Table Table3.3 . Obstacles to the implementation of the guidelines for the "agree" in the combined interest are identified and answers questions and agreed to "positive and negative" completely satisfied "combined percentage of questions answered" completely agree ". 21 16 elements / features from the analysis of the obstacles. In general, Faisalabad five acute care hospitals reported the biggest obstacles for the implementation of CPGs, showed that: 1) the knowledge and motivation; support staff 2 ); 3) the availability of facilities; 4) the health status of the patients and staff; 5) education.

## **Conclusion**

In conclusion, a research and design operations around the autumn to avoid obstacles for the implementation of the CPG was used to take the nurses' perceptions. rules for the implementation of the most significant challenges include: 1) lack of knowledge and the promotion of education and training; The lack of availability of support staff to change the Champions 2); The lack of funding institutions and 3). Faisalabad in the program and the implementation of evidence-based nursing practice, promoting the findings of this study, the fall for the implementation of the CPG to avoid obstacles, with special measures for the development of multi-faceted strategy .

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