

Evidence-Based Practice Opinion Survey

This research study is focused on activities in the critical care unit. Initially, you will be asked to complete a survey. The survey will take approximately 10-15 minutes. This survey is designed to gather information about your opinions on performing early mobility for your patients in the ICU. After reading each statement, circle the number that **matches your immediate judgment** rating your opinion as 1 of 7 numbers. There are no right or wrong answers to the questions. All responses to this survey are anonymous and confidential. Your name is not needed.

For the purpose of this study, early mobility is defined as activities from range of motion to ambulation occurring within the first days of critical illness (www.icudelirium.org). Early mobility may consist of performing (a) **passive/active range of motion (ROM)**; (b) **sitting on the edge of the bed**; (c) **active transfer to chair**; or (d) **ambulation**.

The ICU leadership has nothing to do with this survey or this research study. Please answer all questions referencing your current critical care unit and hospital. Your answers will in no way impact your job. Your participation is completely voluntary. There are no consequences for not completing this survey. You may withdraw from allowing the researcher to review documentation of your early mobility practices. This study holds no foreseeable risks or harm to either you or your patient. There are no direct benefits to you by participating in this study.

If you have questions about your rights as a research participant or wish to obtain information, ask questions, or discuss any concerns about this survey with someone other than the investigator, please contact Human Research Protection Program, 1313 21st Ave. South, Suite 504, Nashville, TN 37232-4315 (phone 1-866-224-8273). If you have any questions for the researchers please contact Leanne Boehm at 615-343-1051 or Susan Piras at 931-372-6810.

By answering the survey questions, you voluntarily agree to participate in this research and include your responses in the results.

Thank you very much for your participation in this study.

Hospital: _____

Intensive Care Unit: _____

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Most questions in this survey use a 7-point rating scale. In this section, please choose the number that best describes your opinions about early mobility. For example, in question #1 if you completely disagree with the opinion described, circle 1 -'extremely disagree' and if you have a completely favorable opinion to the statement, circle 7 -'extremely agree'.

1. I can decrease patient complications, such as risk for pneumonia and pressure ulcers, by performing early mobility.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

2. Performing early mobility for my patient is difficult because there is a lack of staff to help perform this task.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

3. The unit PT/OT staff performs early mobility with my patient.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

4. Patient equipment, such as chest tubes, dialysis catheters, and invasive lines make it difficult to perform early mobility.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

5. My concern for the patient's clinical status (hemodynamic status, level of consciousness, line displacement) prevents me from performing early mobility.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

6. The RNs on my unit perform early mobility with their patients on a daily basis.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

7. I feel social pressure from the PT/OT staff to perform early mobility for my patient.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

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8. Performing early mobility can sometimes be risky and harmful for my patient.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

9. I want to perform early mobility on a daily basis for my ICU patient.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

10. Early mobility is an important job requirement that improves patient outcomes.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

11. I intend to perform early mobility with my patient.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

12. The risk of patient falls is a concern when performing early mobility.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

13. The RN peer group on my unit think it is important to perform early mobility.

extremely disagree: 1 2 3 4 5 6 7 : **extremely agree**

14. I am likely to perform early mobility for my patient as part of my daily routine.

extremely unlikely: 1 2 3 4 5 6 7 : **extremely likely**

15. When staff is available to help, I am _____ to perform early mobility.

extremely unlikely: 1 2 3 4 5 6 7 : **extremely likely**

16. When early mobility equipment (e.g., cardiac walker, lift equipment, portable monitor) is conveniently located and in good working order, I am _____ to perform early mobility.

extremely unlikely: 1 2 3 4 5 6 7 : **extremely likely**

17. Performing early mobility to decrease the patient's length of hospital stay is:

desirable: 1 2 3 4 5 6 7 : **not desirable**

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18. Performing early mobility to decrease patient complications, such as risk for pressure ulcers and pneumonia is:

not important to me: 1 2 3 4 5 6 7 : **important to me**

19. When it comes to early mobility, I want to do what my RN peer group thinks is important to do.

not important to me: 1 2 3 4 5 6 7 : **important to me**

20. When it comes to early mobility, I want to do what the healthcare providers (e.g., NP, MD) think I should do.

not important to me: 1 2 3 4 5 6 7 : **important to me**

21. In the ICU, I perform early mobility for my patient on a daily basis ____% of the time.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

22. On your unit, list the one factor that makes it easier or enables you to perform early mobility.

a) _____

23. On your unit, list the one factor that makes it difficult or prevents you from performing early mobility.

a) _____

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Implementation Climate Scale

This 18-item measure assesses the degree to which there is a strategic organizational climate supportive of evidence-based practice implementation. Implementation climate is defined as employees' shared perceptions of the policies, practices, procedures, and behaviors that are rewarded, supported, and expected in order to facilitate effective EBP implementation.

Note: This measure can be adapted to study climate for evidence-based practice implementation for teams/work groups or entire organizations. Please choose a single referent point for all of the items (e.g., team or agency).

Instructions: Please indicate the extent to which you agree with each statement.

0 Not at all	1 Slight extent	2 Moderate extent	3 Great extent	4 Very great extent
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Focus on Evidence-Based Practice

1. One of this team/agency's main goals is to use evidence-based practices effectively..... 0 1 2 3 4
2. People in this team/agency think that the implementation of evidence-based practices is important..... 0 1 2 3 4
3. Using evidence-based practices is a top priority in this team/agency..... 0 1 2 3 4

Educational Support for Evidence-based Practice

4. This team/agency provides conferences, workshops, or seminars focusing on evidence-based practices..... 0 1 2 3 4
5. This team/agency provides evidence-based practice trainings or in-services..... 0 1 2 3 4
6. This team/agency provides evidence-based practice training materials, journals, etc.... 0 1 2 3 4

Recognition for Evidence-Based Practice

7. Clinicians in this team/agency who use evidence-based practices are seen as clinical experts..... 0 1 2 3 4
8. Clinicians who use evidence-based practices are held in high esteem in this team/agency..... 0 1 2 3 4
9. Clinicians in this team/agency who use evidence-based practices are more likely to be promoted..... 0 1 2 3 4

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Rewards for Evidence-Based Practice

10. This team/agency provides financial incentives for the use of evidence-based practices 0 1 2 3 4
11. The better you are at using evidence-based practices, the more likely you are to get a bonus or a raise..... 0 1 2 3 4
12. This team/agency provides the ability to accumulate compensated time for the use of evidence-based practices..... 0 1 2 3 4

Selection for Evidence-Based Practice

13. This team/agency selects staff who have previously used evidence-based practice..... 0 1 2 3 4
14. This team/agency selects staff who have had formal education supporting evidence-based practice..... 0 1 2 3 4
15. This team/agency selects staff who value evidence-based practice..... 0 1 2 3 4

Selection for Openness

16. This team/agency selects staff who are adaptable..... 0 1 2 3 4
17. This team/agency selects staff who are flexible..... 0 1 2 3 4
18. This team/agency selects staff open to new types of interventions 0 1 2 3 4

Evidence-Based Practice Opinion Survey**Implementation Leadership Scale**

Please indicate the extent to which you agree with each statement.

0 Not at all	1 Slight extent	2 Moderate extent	3 Great extent	4 Very great extent
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Proactive

1. [Name of Supervisor] has developed a plan to facilitate implementation of evidence-based practice 0 1 2 3 4
2. [Name of Supervisor] has removed obstacles to the implementation of evidence-based practice 0 1 2 3 4
3. [Name of Supervisor] has established clear department standards for the implementation of evidence-based practice 0 1 2 3 4

Knowledgeable

4. [Name of Supervisor] is knowledgeable about evidence-based practice 0 1 2 3 4
5. [Name of Supervisor] is able to answer my questions about evidence-based practice 0 1 2 3 4
6. [Name of Supervisor] knows what he or she is talking about when it comes to evidence-based practice 0 1 2 3 4

Supportive

7. [Name of Supervisor] recognizes and appreciates employee efforts toward successful implementation of evidence-based practice 0 1 2 3 4
8. [Name of Supervisor] supports employee efforts to learn more about evidence-based practice 0 1 2 3 4
9. [Name of Supervisor] supports employee efforts to use evidence-based practice 0 1 2 3 4

Perseverant

10. [Name of Supervisor] perseveres through the ups and downs of implementing evidence-based practice 0 1 2 3 4
11. [Name of Supervisor] carries on through the challenges of implementing evidence-based practice 0 1 2 3 4
12. [Name of Supervisor] reacts to critical issues regarding the implementation of evidence-based practice by openly and effectively addressing the problem(s) 0 1 2 3 4

Evidence-Based Practice Opinion Survey**Descriptive Information**

1. Please indicate your highest degree of education:

Diploma Associate Bachelor's Master's Doctoral

2. Number of years experience in your profession (RN, RT, PT/OT, Care Partner): _____

3. Number of years working at this institution: _____

4. Number years working on this unit: _____

5. Employment status:

Employee of hospital Agency/Travel Institutional float pool

6. On which shift do you primarily work (please select one)?

_____ 12 Hour Day (e.g., 7am – 7pm)

_____ 12 Hour Night (e.g., 7pm – 7am)

_____ Rotate (No primary shift)

7. Hours worked per week: _____

8. Age: _____

9. Gender: Male Female Other: _____

10. Which of the following would you say best represents your race?

American Indian

White/Caucasian

Black/African American

Asian

Pacific Islander

11. Are you Hispanic or Latino? Yes No