A5-11: Use Of Rogers’ Diffusion Of Innovations Theory To Examine Adoption Of Evidence-Based Guidelines For The Prevention And/Or Management Of PONV/PDNV

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Abstract:
Introduction: Evidence-based practice is recognized by the IOM and AHRQ as a key component of safe, quality patient care; yet the translation of evidence to practice remains low across all healthcare settings and disciplines. The purpose of this study was to explore the primary constructs of Rogers’ Diffusion of Innovations Theory (guideline characteristics, individual and organizational innovativeness) as they apply to the adoption of evidence-based guidelines for the prevention/management of PONV/PDNV.

Method(s): A cross-sectional, descriptive exploratory study was conducted using a web-based survey technique. A random sample of 3267 perianesthesia nurses, CRNAs, and anesthesiologists were invited to participate. Data analysis techniques included analysis of variance, chi-square (X2) analyses, ordinary least squares regression, and ordinal logistic regression.

Results: Survey response rate was 11.2%. Degree of overall guideline adoption was 59.6%. Rogers’ theoretical assumptions regarding guideline characteristics and individual and organizational innovativeness were supported, but with certain caveats. The most influential constructs in the final model were the provider’s perception of guideline qualities, particularly the observability of guideline related outcomes and compatibility with practice and patient/practitioner values (p < 0.000). Every one unit increase in observability increased the odds of guideline adoption by a factor of 3.29 for RNs, 2.05 for CRNAs, and 1.25 for MDs.
**Discussion & Conclusions:** Guideline adoption was higher than previously reported for similar populations. Observability of guideline associated outcomes and compatibility with practice and values was more influential than other characteristics such as guideline complexity, organization size/available resources, and unit/departmental interaction patterns. Strategies to enhance the translation of evidence to practice should be considered within the context of the adopting unit and the practice recommendations of interest. Further exploration of the relationship of guideline qualities and unit/departmental specific contextual characteristics to guideline adoption is recommended.

**Abstract History:**
This abstract has been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.
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