

The Johns Hopkins Nursing Evidence-Based Practice Model

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Evidence-based practice (EBP) is a problem-solving approach integrating the best available experimental evidence producing high-quality healthcare (Pugh, 2018). EBP encourages advanced practice registered nurses (APRNs) to question current policies and practices ensuring safe and effective nursing care (Pugh, 2018). The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model is an evidence-based approach composed of three interlinking components, including inquiry, practice, and learning (Poe et al., 2018). This paper discusses the Johns Hopkins Nursing Evidence-Based Practice Model and the model's usefulness in utilizing nonpharmacological means of hypertension management.

The Johns Hopkins Model: PET Process

According to Poe et al. (2018), the JHNEBP Model kickstarts the EBP process with the concept of inquiry questioning, examining, and collecting information about a problem or issue within a specific patient population. EBP relies on a spirit of inquiry driving clinicians to discover whether current practice is safe, effective, timely, accessible, costly, and high quality (Poe et al., 2018). The PET process consists of three phases: practice question, evidence, and translation (Poe et al., 2018). Moving through the PET process guides the researcher in gaining new knowledge and improving collaboration skills while attaining future EBP insights (Poe et al., 2018). According to Dang et al. (2019), the JHNEBP tentes support nursing as both a science and a profession, best evidence as the nursing practice foundation, an evidence hierarchy exists, and nursing values efficiency and effectiveness. The JHNEBP model is an ongoing dynamic process regarding practice change, such as hypertension management impacting the system, nurse, and patient outcomes (Poe et al., 2018).

Applying The Johns Hopkins Model to Hypertension

The Johns Hopkins Model is a useful tool in the development of evidence-based clinical practices among specific patient populations, such as patients experiencing hypertension.

Controlling hypertension through targeted strategies increases awareness, treatment, and control by exploring modifiable lifestyle factors (Carey et al., 2018). Dang et al. (2019) highlighted how nurses assist patients in formulating a question or goal while searching for appropriate evidence and recommendations. Therefore, the nurse and patient can implement action plans based on hypertension management support and resources.

Utilizing nonpharmacological techniques controls hypertension, thus setting the foundation for patient goals and action plans while searching relevant evidence (Dang et al., 2019). Vamvakis et al. (2017) suggested that daily lifestyle habits such as proper nutrition and exercise maintains a healthy body mass index and reduces blood pressure levels. Carey et al. (2018) discussed that only a small minority of hypertensive patients adhere to targeted lifestyle modification recommendations posing a challenge for change sustainability. The challenge enhances the importance of developing a solid plan supporting reliable evidence. Utilizing the model, the nurse and patient develops strong lifestyle modification goals enhancing life quality and positive disease outcomes.

Conclusion

The Johns Hopkins model is a valuable tool aiding APRN's and patients in developing realistic goals while researching best evidence providing patient-centered plans. The three components of inquiry, practice, and learning examines EBP clinical issue knowledge while integrating the PET process. Evidence-based nursing practice ensures nurses are constantly questioning current practices and searching relevant evidence to improve patient outcomes.

Models incorporating clinical questions, evidence, and useful plan recommendations positively influence patients suffering uncontrolled hypertension. Utilizing the JHNEBP model, lifestyle modifications and strong patient goals promote optimal life quality.

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