# Evidence Table

Search the Capella library databases for a minimum of five research articles that you will use to support your practice gap (Assessment 5) or your intervention (Assessment 6). Each article must be relevant and published within the past five years. Complete the evidence table fully for these articles, providing all the required information. Include this table as an appendix to your assessment.

| **Citation** | **Conceptual**  **Framework** | **Design/**  **Method** | **Sample/**  **Setting** | **Major Variables Studied and their Definitions** | **Measurement** | **Data**  **Analysis** | **Findings** | **Appraisal: Worth to Practice** |
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| **EXAMPLE**  Harne-Britner et al. (2011) | Change theory in combination with aspects of behavioral, social science, and organizational theories by Bandura, Skinner, and Lewin | Quantitative research  Quasi-experimental study  Random assignment of 3 nursing units into 2 experimental groups and 1 control group  Aims of the study were to determine (1) the effectiveness of educational and behavioral interventions on improving HH adherence; (2) whether improvements in HH adherence were sustained 6 months post intervention; and (3) the relationships between HH adherence and HAI rates on study units. | RNs and patient care assistants (PCAs) from 3 medical-surgical units within an urban health care system in Pennsylvania, USA  A total of 1203 observations (633 RNs and 570 PCAs) were completed | The control group received education in the form of a self-study module with a pre- and posttest. The experimental groups received the same education plus behavioral interventions. The Positive Reinforcement Experimental group’s behavioral interventions included individual and unit rewards for improved HH adherence and unit-based recognition by peers on a sticker chart. The Risk of Nonadherence Experimental group received additional educational sessions about microorganisms that are transmitted via hands  OBSERVATION =Watching one person having direct contact with a patient or handling patient equipment.  CLEANED HANDS = Washed at a sink and/or used alcohol gel from a dispenser (e.g., wall mounted, pocket-sized, or a bottle that is not wall mounted) before or after having direct contact with a patient or handling patient equipment.  AWARE OF MONITORING: You told the person you’re going to observe them or they verbally acknowledge that you are monitoring them | 18 data collection periods per nursing unit  Data were collected each month during 3 time frames (5 AM–7 AM, 7:30 AM–9:30 AM, and 3:30 PM–5:30 PM) reflecting high work volume to ensure a representative sample | SPSS Statistics, Version 17.0  Chi-square analysis was used to determine whether the 3 nursing units had similar HH adherence rates before any intervention. The Fisher exact test was employed to determine whether the change in adherence rates on each unit was statistically significant.  Reported these data to the RN and PCA staff at monthly staff- and unit based quality meetings | Education paired with positive reinforcement behavioral interventions improved HH adherence after the first month (χ2 = 4.27; P = .039); but the improvement was not sustained over 6 months. There were no differences in infection rates between the treatment and control groups. | Strengths:  -Randomized control group  -Large sample size  Weaknesses:  -Length of study  Ranking:  Level II  Valid yes  Reliable yes  Applicable yes  Overall rank: High |
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