Nurses’ Ratings of EBP Implementation Strategies Self-Efficacy and Organizational Readiness for Sustained and Effective Evidence-Based Practice (EBP) Change

Sharon Tucker*, PhD, RN, FAAN; Lynn Gallagher-Ford*, L., PhD, RN, NE-BC, DPFNAP, FAAN; Bernadette Melnyk*, PhD, RN, CPNP/PMHNP, FAANP, FNAP FAAN

Introduction/Background

- EBP is best approach to improving quality and safety
- Practice changes guided by EBP process is challenging
- The implementation phase is often underappreciated and under-resourced for sustaining a practice change
- Many studies have addressed nurses’ understanding of EBP in general BUT much remains unknown about the implementation phase and what combination of strategies can support sustained implementation
- Moreover, little is known about nurses’ confidence/self-efficacy on implementation strategies to promote practice changes

Aims/Purpose

The purpose of this study was to examine RNs’ self-reported:
1) self-efficacy ratings related to EBP implementation
2) ratings of organizational readiness for EBP
3) demographic data.

Methods/Measurements

- IRB approval obtained
- EBP Implementation Strategies Self-efficacy (SE) Scale developed
- Content validity established
- Items drawn from literature; specifically implementation strategies identified from Powell et al. and Cullen et al.
- 47 Items; 0-100% rating scale
- Content Validity Index completed by 5 experts
- Reduced to 29 items
- Electronic survey sent to the chief nurse officer (CNO) to distribute to all nursing staff
- Survey included:
  - Demographic items
  - EBP Implementation Strategies Self-efficacy Scale
  - Organizational EBP Readiness (Context Assessment Index)
- CNO sent 2 reminder emails

Results/Findings

Demographics
- Age M=43.32 (SD=11.24)
- Gender
  - Female = 87.3%
- Ethnicity
  - Non-Hispanic = 96.8%
- Race
  - White = 74.6%
  - Black or African American = 22.3%
  - Asian = 1.6%
- American Indian/Alaska Native = 1.6%
- Specialty Certification = 43.3%
- Employment
  - Full-time = 85.7%
  - Part-time = 11.1%
- Education
  - BSN = 65.1%
  - MSN/MS/MHA/NHA = 22.7%
  - ASN = 9.5%
  - DNP = 3.9%
- Years on Staff: 0-9: 60.2%; 10-19: 28.7%; 20+: 11.1%

Scale Items
- Total score (n=58): M = 64.61 (SD = 20.88)
- Range 5.17-100
- Highest Item Rating (n=61)
  - Celebrate and recognize program success in promoting implementation of EBP: M = 69.92 (SD = 25.19)
  - Range 0-100
- Lowest Item Rating (n=62)
  - Mobilize needed EHR/EMR changes to facilitate implementation of EBP: M = 51.92 (SD = 24.78)
  - Range 0-100
- Reliability – Internal Consistency Cronbach’s Alpha (n=58): .986

Discussion

- EBP Implementation Strategies SE Scale has good internal consistency reliability
- As organizational readiness (CAI) scores improved, SE scores improved
- Majority of participants were educated with scores in the moderate range
- The highest score was for celebrating successes, while the lowest score was mobilizing EMR resources for EBP
- Further research looking at relationship with clinical outcomes is needed

References