Empowering Nurses To Become EBP Experts and Lifelong Learners

2018 Sigma Theta Tau International Leadership Connection: Transformative Nursing Leadership

Judith Ann Moran-Peters DNSc, RN, NE-BC, BC
Coordinator-Nursing Research/EBP and Professional Development

Mather Hospital – Northwell Health
Port Jefferson, New York

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Introduction:

- **Disclosure:**
- The **presenter** has disclosed no conflict of interest related to this topic.

  Judith Moran-Peters DNSc, RN, DNSc, NE-BC, BC
  Coordinator- Nursing Research/EBP @ Mather Hospital-Northwell Health

**Learner Objectives:**

1. Identify current **EBP knowledge and competency** of Clinical Nurses and Nurse Leaders and based on the findings…

2. Design **educational initiatives** to meet the EBP learning needs of nurses at all levels and from diverse clinical settings.
Mather Hospital-Northwell Health:
Mather Hospital - Northwell Health

- 248-bed Teaching Hospital.
- Founded in 1929 (89 years old).
- Not-for-Profit.
- 12,100 Patient Discharges.
- 39,399 ED Visits.
- 15,705 Surgical Cases.
- Magnet®-designated in 2013
- Magnet® Re-designated in 2018 (Exemplar in Nursing Research/EBP)
- 4 Stars from CMS (HCAHPS Survey) - Highest of L.I. Hospitals.
- Among Top 20 (15%) of Hospitals in N.Y. State.
- Internal Residency Program (Started 2014).
- Psychiatry Residency Program (Started 2016).
Mather’s Professional Practice Model:
Magnet®-Recognized Hospitals:

• “Conscientiously integrate evidence-based practice and research into clinical and operational processes.”
• Nurses are educated about evidence-based practice and research, enabling them to appropriately explore the safest and best practices for their patients and practice environment…and to generate new knowledge.”

(2019 Magnet® Application Manual, ANCC)

Clinical Research Nursing: Scope and Standards of Practice. 2016 ANA, Silver Spring, Maryland.

Defines the difference between Clinical Research Nurse (CRN) and a Nurse Researcher.
Difference Between CNR and Nurse Researcher:

- **Clinical Nurse Researcher (CNR):** “Contributes to science with a focus on the care of the research participants and coordination of research activities in a research practice setting.” (Hastings et al., 2012)

- **Nurse Researcher:** “Refers to a doctorally prepared nurse who is committed to rigorous scientific inquiry that provides a significant body of knowledge to advance nursing practice, shape health policy and impact the health of peoples.” (AACN, 2006, p.1)
Magnet®-Recognized Hospitals:

“Infrastructure and resources are in place to support the advancement of EBP and Research in all clinical settings.”

- **Nursing Institute for Knowledge Translation and Innovation** at Mather I Hospital-Northwell Health.
  - CNO (visionary, influential, respected). Marie Mulligan PhD, RN, CNOR, NEA
  - Nurse Researcher.
  - Statistician.
  - Librarian.
  - Educational Classes (EBP/NR, Statistics, Excel, PowerPoint, etc.)
  - Councils (Magnet®; and Unit-Based).
    - Magnet Councils: Practice, Quality, Research/EBP, Informatics, R+R, ANPs

Continuing Education Programs (Example: The Advisory Board Frontline Impact Program – 2016/2017 and 2018)

Annual Nursing Research/EBP Conference (2010-Present)
Nurse Researcher @ Mather Hospital-Northwell Health:

- Judith Ann Moran-Peters DNSc, RN, NE-BC, BC
- BSN  D’Youville College Buffalo, N.Y. (1972)
- MSN  Boston College Boston MA. (1974)
- DNSc  University of California San Francisco, California (1982)
- Doctorally-prepared (Research/EBP) for 36 years.
- Experience (clinical, teaching and administration.)
- Principal Investigator…IRB-approved research studies x 10.
- 2014: Began at Mather (Came from 4-time designated Magnet® hospital).
Nurse Researcher Role:

- **Nurse Researcher Role:**
  Advocate, Teacher/Coach, Mentor, Consultant, Researcher, Role Model.

**Empower nurses to:**

1) Reside on the Positive of the Bell Shaped Curve.
2) Be Resilient.
3) Perceive Change as “Opportunity for Improvement”.
4) Strive to become Self Actualized. (Live up to your potential)
5) Advance EBP knowledge and expertise to Higher Level(s).
Assessment of EBP Competency:

- ACE Star Model of Knowledge Transformation
- Essential Competencies for Evidence-Based Practice in Nursing
- **Star Points**: Primary Research, Evidence, Summary, Translation, Integration and Evaluation.
- **Competencies by Educational Level**… 
  Undergraduate, Graduate, Doctoral

2014: Less than 20% of nurses possessed EBP competencies at the Undergraduate level.
“Life is a Bell Shaped Curve”:

Figure retrieved from WikiCommons, 2017.
Positive Side:

- Many RNs back in school for BSN, Masters, Doctoral degrees. Only hiring BSN-prepared RNs. (Schooled in EBP)
- Magnet® culture ("Spirit of Inquiry")…foundation.
- CNO Support (Mentoring; Advance to Next Level).
- Flexibility (creative, innovative approaches).
- Dynamic, not static, culture (practice environment, philosophy).
- $ (Books, Conferences, Tuition Reimbursement, Grants, etc.)

Example:

- The Advisory Board Company’s Frontline Leadership Program. US-Based International Company (founded 37 years ago). Provides research, technology & consulting to improve performance of healthcare and educational institutions around the world.

  “Start with Best Practices.”
Frontline Leadership Program:

- 54 RNs selected to participate (Clinical and Leadership).
- Four 8-hour classes.
- Classes held off-site.
- Problem-solving (EBP) Focus. “Start with Best Practices”.
- 10 Teams (Team Leader with 4-5 participants).
- Influential hospital leaders served as coaches.
  - VPs from Finance, Human Resources, Public Affairs; Nursing AVPs and Directors from Critical Care, Psych Services, Infection Control, Recruitment and Retention; and Nurse Managers).
Frontline Examples:

- **“Saving Face: Preventing Device Associated HAPUs Among Critical Care Patients.”**
  - Nancy Rochler MSN, RN, CCRN
  - Nurse Manager ICU/CCU

- **“Preventing CLABSIs on an Oncology Unit.”**
  - Mary Ferrara, BSN, RN, OCN
  - IV Coordinator (Former Nurse Manager)

- **“Improving RN’s Knowledge Regarding Near Misses.”**
  - Patricia Alban, MSN, RN, CEN
  - Nurse Educator
Frontline Examples:

“Improving Adolescent Psychiatry Patients’ Knowledge of Their Medications.”
Linda Hill MS, RN, PMHCNS-BC Clinical Nurse

“Safety Initiative for the Patient with Diabetes: Coordinating Meal Tray Delivery With Insulin Administration.”
Melissa Pearson, BSN, RN CEN Clinical Nurse

“Late 10 am Medications.”
Natalie Mathias BSN, RN Clinical Nurse
Negative Side:

- Traditional “Barriers” to Research and EBP in Nursing…
  (Athanasakis, E., 2013; Estabrooks, 2006)
- No Time/too busy.
- Inadequate staffing.
- More Work.
- Lack of Interest.
- Lack of Knowledge/Skill/Experience.
- Fear of Failure.
- “What’s in it for me?” (Attitude)
- Lack of Career Ladder Structure (EBP/Research Requirement; Expectation).
- **Challenge to Nurse Researchers**… is to inspire nurse leaders and clinical nurses to become professionally motivated as EBP experts… and develop resiliency within the Complexity of the Clinical Nursing Environment/Culture of Modern Healthcare.
Complexity of Clinical Nursing:

- **Nurses’ Common Core...** *Nursing Science.* (Main Focus)
- **Variations:**
  - Educational preparation.
  - Generational status.
  - Experience (years/clinical areas).
  - Performance differences (levels, roles, quality).
  - Cultural.
  - Socioeconomic.
  - Clinical Specialties.
  - Shifts (D/N).
  - Gender.
**Resiliency:**

- **“Mental toughness”**: An individual’s *capacity to adapt positively to stress*... pressures, setbacks, challenges and *change* in order to achieve and sustain peak personal performance. (Swenson-Britt & Reineck, 2009)

### Low
- Dwell on problems
- Feel victimized
- Overwhelmed
- Unhealthy coping (substance abuse)
- Compassion fatigue
- Burnout
- Leaving the Nursing Profession

### High
- Reduced stress
- Positive attitudes
- Well-being
- Happiness
- Healthy lifestyle/coping
- Self Actualization
Resiliency:

- “Nurses deal with modern-day problems that affect their ability to remain resilient.”

- Nurse leaders need to look for solutions (philosophy, culture, structures, resources knowledge, skills and people) that keep themselves and clinical RNs resilient.

**Key:**

Ability to embrace and cope effectively with Change. (EBP Approach)
Change:

- Perception (Opportunity vs. Loss)  
  (Drenning, 2006)
- When faced with change, majority view it as **loss**...rather than **opportunity**

### Role of Nurse Leaders:
Help nurses perceive Change as “Opportunity for Improvement” and guide them through **Stages of Loss** (“Letting Go”)...Denial, Anger, Bargaining, Depression, Acceptance  
(Kubler-Ross, 1969)

**Major component of “becoming” Self-Actualized.** (Maslow, 1970)

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**Loss: (Majority)**

- Loss of “the familiar”
- Kubler-Ross Stages of Death/Dying:
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance

**Opportunity: (Exception)**

- Gain
- Advancement
- Better/Improved
- New
- Exciting
Maslow’s Hierarchy of Needs:

- **Physiological needs**
  - Breathing, food, water, shelter, clothing

- **Safety and Security**
  - Health, employment, property, family and social status

- **Love and Belonging**
  - Friendship, family, intimacy, sense of connection

- **Self-Esteem**
  - Confidence, achievement, respect of others, the need to be a unique individual

- **Self-Actualization**
  - Morality, creativity, spontaneity, acceptance, experience purpose, meaning and inner potential

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Figure F. (A. H. Maslow. 1943 Originally Published in Psychological Review, 50, 370-396.)
Self-Actualization:

- Mental health and human potential.

- Instead of focusing on psychopathology and what goes wrong with people, Maslow formulated a more positive account of human behavior, which focused on what goes right.
- Interested in human potential, and HOW we fulfill that potential.
- Human motivation is based on people seeking fulfillment and change through personal growth.
- Self-actualized people are those who are fulfilled and doing all that they are capable of doing!
“Although theoretically we are all capable of self-actualizing, most of us will not do so, or only to a limited degree.” (McLeod, 2016)

Maslow (1970) estimated that **only 2% of people reach the state of self-actualization.**

Interested in the **characteristics** of people he considered to have **achieved their potential** as individuals.
Research on the Self-Actualized:

- **Subjects:** Studied 18 *self-actualized individuals.*
  - **Examples:** (Abraham Lincoln, Thomas Jefferson, Albert Einstein, Albert Schweitzer, Eleanor Roosevelt).
- **Identified 15 Characteristics of Self-Actualized people.**
- No “perfect” human beings.
- Self Actualization is a *matter of degree.*
- Not necessary to display all 15 characteristics to become self-actualized.
- Self-actualization merely involves *achieving one’s potential.*
- **Mother Teresa (1910-1997)**  (Shahrawat & Shahrawat, 2017)
Characteristics of Self-Actualized:

- Perceive reality efficiently; and tolerate uncertainty.
- Accept themselves and others for what they are.
- Spontaneous in thought and action.
- Problem-centered (not self-centered).
- Unusual sense of humor.
- Able to look at life objectively.
- Highly creative.
- Resistant to enculturation, but not purposely unconventional.
- Concerned for the welfare of humanity.
- Capable of deep appreciation of basic life-experience.
- Establish deep satisfying interpersonal relationships with a few people.
- “Peak experiences”.
- Need for privacy.
- Democratic attitudes.
- Strong moral/ethical standards.  

(Maslow, 1970)
Self-Actualized Nurses:

- Florence Nightingale (1820-1910)  Founder of Modern Nursing
- Clara Barton (1821-1912)  Humanitarian (American Red Cross; Civil War)
- Virginia Henderson (1897-1996)  Defined Nursing; 20th Century 1st Lady of Nursing
- Margaretta Styles (1930-2005)  Credentialing; ANA/ANCC

“Living Legends”:
- Margaret McClure  Magnet Hospitals
- Jean Watson  Human Caring (Holistic Nursing)
- Sister Callista Roy  Adaptation Model
- Ramona Mercer  Maternal Role Attainment (“Becoming a Mother”)
- Patricia Benner  Model of Skills Acquisition in Nursing (Novice to Expert)
Relationship-Based Leadership:

- **Relationship-Based Care** ...places personal relationship between coworkers, patients, and family members (community) at the center of performance and care delivery.

- Provides **tools** for organizing care delivery and effecting change; as well as, **guidance** in transforming the cultures of healthcare delivery environments from depersonalized places to person-centered, compassionate, healing environments.

- **6 Components**: Leadership, Teamwork, Professional Nursing Practice, Patient Care Delivery, Resource-Driven Practice, Outcome Measurement.

  (Koloroutis, 2004)
Nursing Research/EBP
Learning Needs Assessment:

Fain’s Criteria for Critiquing Nursing Research (2018)
(16 Components: Problem - Implications/Recommendations)

Benner’s Model (1982):

- Expert
- Proficient
- Competent
- Advanced Beginner
- Novice
Implementation/Outcomes:

- Advising/Coaching (1:1).
- Tutorials.
- IRB Basic Principles (NIH; CITI).
- Classes (Small groups; various shifts).
- Activities:
  - Abstract development and conference submission(s).
  - Poster design.
  - PowerPoint presentations. (Practice Sessions)
  - Publications

**NOTE:** 2018... 80% of nurses demonstrate EBP Competencies various levels.
Lessons Learned:

- Motivation comes from within.
- Be *inspired* by others.
- Stay on the positive side of the bell shape curve.
- Never become disillusioned with life.
- Be resilient.
- Embrace change as “opportunity for improvement”.
- Strive to become Self-Actualized (Live up to your potential).
- Be a caring person.
- Never lose your sense of wonder.
- Be flexible and open-minded.
- Collaborate…seek input/feedback.
- See the good, the talent in others…and tell them!
- *Enjoy life* and have fun!
Guiding Words:

- “The secret of joy in work is contained in one word… excellence. To know how to do something well is to enjoy it.”
  
  Pearl S. Buck (1892-1973)
  Sai Zhenzhu

First woman awarded a Pulitzer Prize (1932) for her “rich and truly epic description of peasant life in China and for her biographical masterpieces.”

The Good Earth (1931)

Lived in China for 40 years.
Daughter of Presbyterian missionaries.
Co-Founder of Welcome House (first international, inter-racial adoption agency.)
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Thank you!

- Judith Moran-Peters DNSc, RN, NE-BC, BC
- jmoran@matherhospital.org
- (631) 473-1320 Ext. 4822