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**Personal Attributes
Contributing to
Evidence-based
Practice Adoption
by Nurses:
Commitment
Empathy &
Reflection**



Reach **Higher.**

**Farmingdale
State College**

State University of New York

Learning Objectives

- Learners will identify key factors related to the current state of the evidence on evidence-based practice adoption by nurses as described in the literature
- Learners will assess the evidence presented demonstrating the effects of empathy, reflection and organizational commitment on evidence-based practice adoption by nurses
- Learners will discuss the implications for nursing practice for further development



EBP Adoption by Nurses

Problem & Scope

Medical Error

Quality and
safety concerns
in healthcare

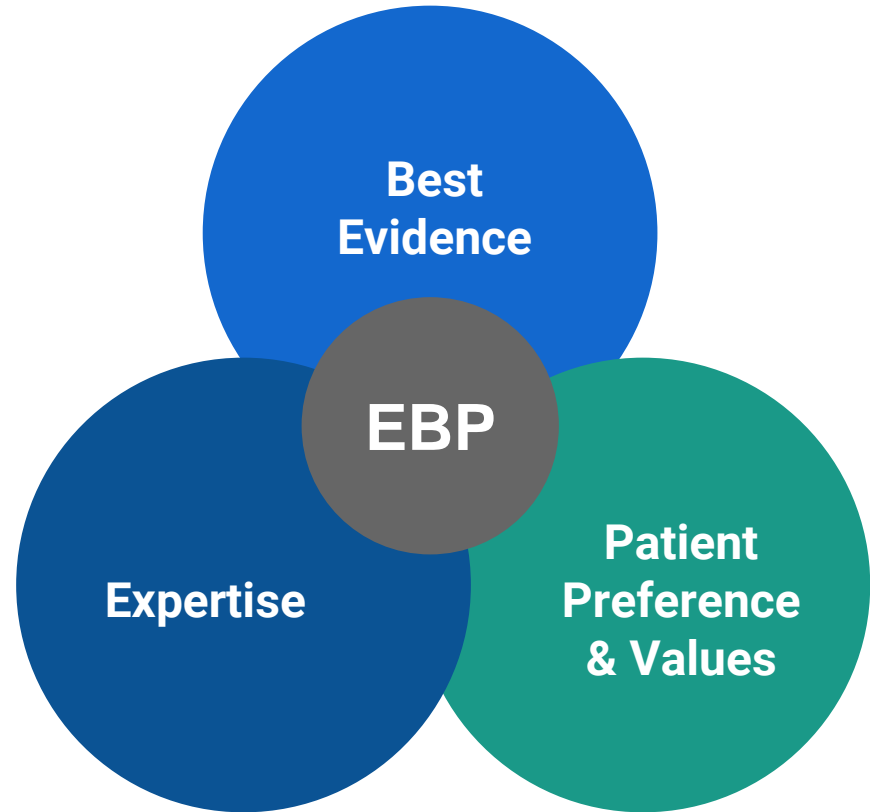
Inconsistencies
in care delivery
lead to medical
error

EBP
recommended
but not adopted,
or inconsistently
integrated into
practice

Background

EBP as the “gold standard” of care:

A complex adaptive process by which a nurse's care delivery incorporates all of the three elements of EBP: Patient preference and/or values, use of the best evidence, and the nurse's clinical expertise.



(Denis, et al., 2002; Melnyk & Fineout-Overholt, 2005)



Significance

- Individual and organizational barriers identified
- Few studies have identified individual nurse attribute related to EBP adoption
- No studies were found exploring the relationship of empathy, reflection, and organizational commitment and EBP adoption



Empathy

A cognitive process achieved innately or by training and manifested by the nurse by their emotional alignment with another person's state (Schantx, 2007) in understanding the other's experience.



Empathy Construct

- Cognitive attribute
- Relationships
 - Precursor to caring and knowing
 - Connectedness and desire to help
 - Deeper understanding
 - Shared respect and mutual goals
 - Feeling “cared-for”
- “Good nurse” requirement



Reflection

A metacognitive process manifested in the nurse by evaluation of personal motives, values, and outcomes of actions in forming future actions in a self-reflective process .

(Bandura, 2001; Frith & Frith, 2012)



Reflection Construct

- Metacognitive process leading to self-awareness
- Self-reflection > openness
- Evaluation of one's motives and values
- Make judgments regarding correctness of thinking based on outcomes of action
- Influences future decision-making
- Integration of best evidence into daily practice

(Bandura, 2001; Frith, C. & Frith, U., 2012; Teekman, 2003)



Organizational Commitment

An attitude of a nurse that reflects their alignment with organizational goals as established by the organization they work in, a willingness to contribute to the organization they work in, and a desire to maintain a relationship with the organization they work in.

(Liou, 2008)



Organizational Commitment (OC) Construct

- Attitude and behavior
- Willingness to align with organizational goals
- Related to job performance, job satisfaction, and turnover
- May influence organizational change and implementation strategies
- 3 classifications
 - Affective Commitment
 - Normative Commitment
 - Continuous Commitment

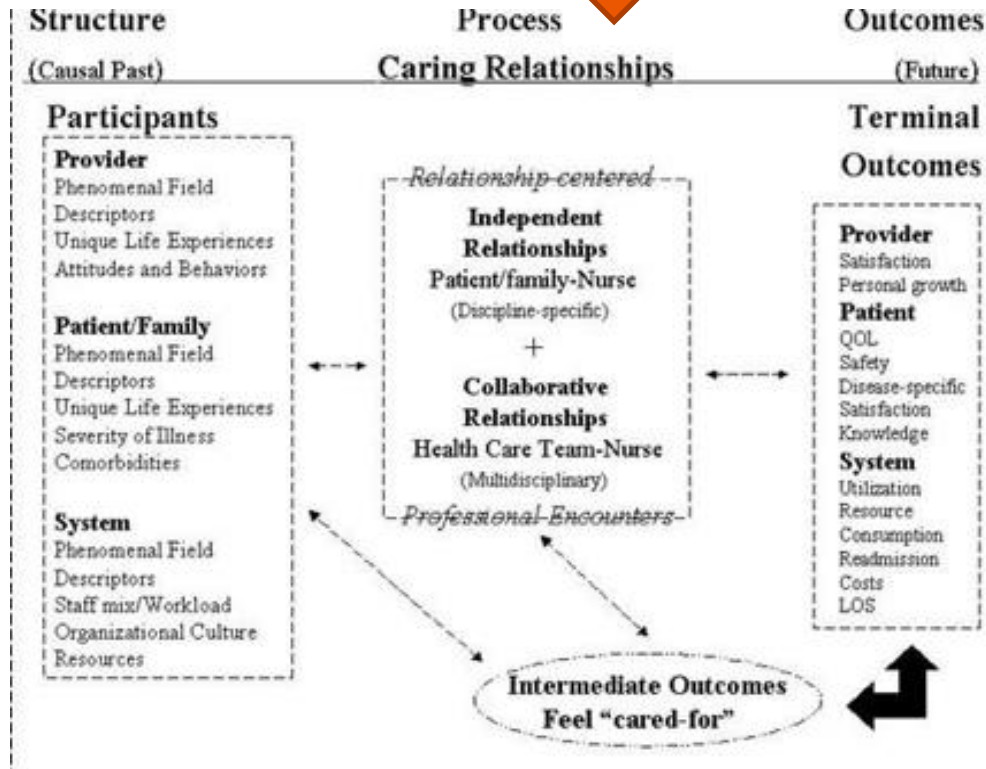


Descriptive Correlational Design

Study Purpose

The purpose of this study was to determine the relationship of nurses' individual intrinsic attributes namely, OC, empathy, and reflection, and how these three attributes may be related to successful or failed EBP adoption by nurses.

Theoretical Framework



Hypotheses

H1: Empathy is positively correlated with EBP adoption by nurses.

H2: Reflection is positively correlated with EBP adoption by nurses.

H3: Organizational Commitment (OC) is positively correlated with EBP adoption by nurses.

H4: Empathy, reflection, and OC each contribute to EBP adoption in a significant way when combined.

H5: One variable (empathy, reflection, or OC) contributes more to EBP adoption than the others.



Instruments

EBPI *Evidence-Based Practice Implementation Scale* (Melnik, Fineout-Overholt, & Mays, 2008)

ECQ *Empathy Components Questionnaire* (Batcheldor, Brosnan, & Ashwin, 2017)

SRIS *Self-Reflection and Insight Scale* (Grant, Franklin, & Langford, 2002)

TCM *Three Component Model of Organizational Commitment* (Meyer & Allen, 1997)



Results...

Demographics: N=474 Registered Nurses



- Age evenly dispersed from '21-29' to '60 or older'
- 92.2% female
- 92.2% white
- 42% Masters / 35.7% BS
- 58.7% were not nurse leader
- 35% maternal-child / 19.6 % med surg
- 17 years of experience
- 56.5% never worked in Magnet
- 91.8% implemented EBP
- Neutral on organizational support of EBP
- 12.2% never trained in EBP
- 4.4 / 5.0 value EBP
- 50.8% never trained in empathy

Results: H1

Empathy is positively correlated with EBP adoption by nurses

- The Total Cumulative Empathy Score was not significant

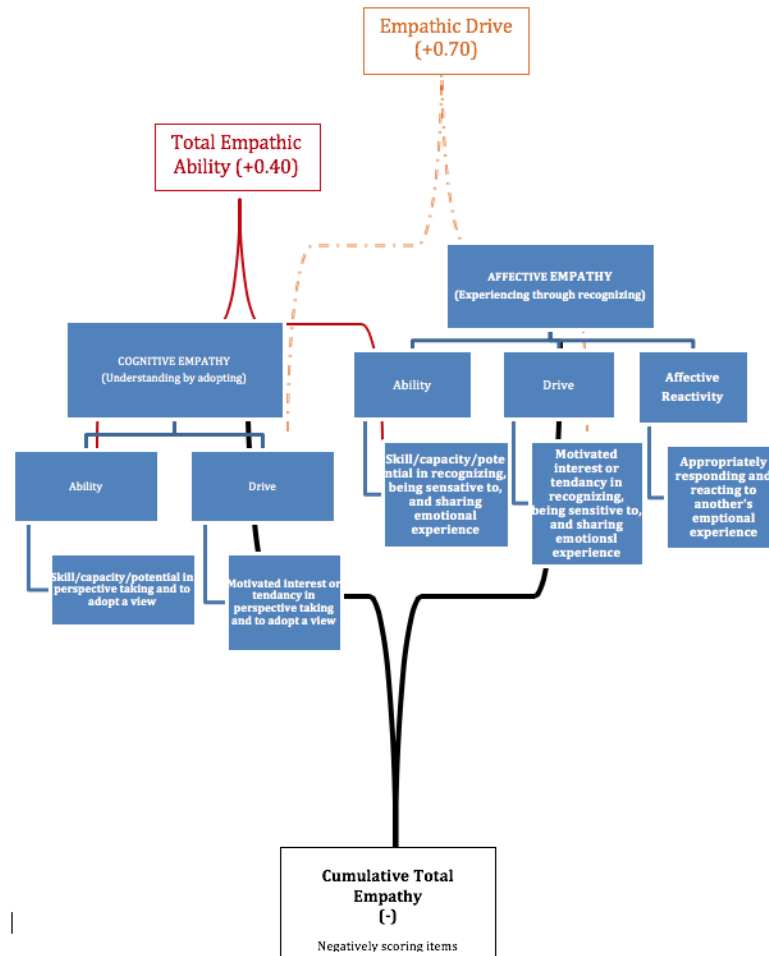


Figure 1. Empathy Components

Exploratory Analysis for Empathy Scores

- Nurses reporting empathy had graduate degrees
- Nurses with empathy were 60 years of age and reported *Empathic Ability*
- Nurses working in mother/baby/pediatrics scored higher on empathy than all other units combined
- Empathy training had no influence on EBP adoption

Results H2:

Reflection is positively correlated with EBP adoption by nurses.

- Self-reflection and insight scale are significant
- Self-reflection subscale is significant
- The insight sub-scale is not significant

Results H3:
Organizational
commitment
is positively
correlated
with EBP
adoption by
nurses.

- TCM of Organizational Commitment Scale and the three components of the scale, were significantly correlated to EBP

Results H4:

Empathy,
reflection,
and OC each
contribute to
EBP
adoption in a
significant
way when
combined.

- Explained 5.3% of the variance in predicting EBP (Total score combined)
 - OC and self-reflection and insight are the strongest two predictors for EBP.
 - Empathy resulted in a negative beta weight
- Explained 8.2% of the variance in predicting EBP (Individual components of each score)
 - Cognitive Empathy; Empathic Drive; Affective Empathy; and Total Empathic Ability scores, were significant
 - Insight was not significant
 - Only significant commitment score was Continuance Commitment

Results H5:
One variable
(empathy,
reflection, or
OC)
contributes
more to EBP
adoption
than the
others.

- OC and Reflection both contribute equally to predicting EBP
- *Empathic Drive* had the highest beta, which was 0.70, and indicates that this is the strongest contributor to EBP
- *Total Empathic Ability* was the second highest score at 0.40
- *Cognitive Empathy* and *Affective Empathy* were the highest negative beta weights at -0.31 and -0.40, respectively



Discussion & Limitations

Discussion & Implications

- ● 91.2% of registered nurse participants had implemented EBP
- It was expected that insight would be correlated as insight builds decision-making in future practice
- Nurses who are adopting EBP are not emotionally involved and are not empathic
- Nurses who had empathy were 60+ and only reported empathy *ability*
- Nurses who adopt EBP stay at their current organization because they “need to” or feel they “ought to”, but not because they “want to”

Limitations

- Self-report surveys
- Female sample
- Large maternal-child response
- New empathy instrument
- Self-Reflection > self-awareness and is not a direct measure of reflection
- Previous nursing studies using the TCM were outside the U.S.
- EBPI measures EBP implementation in past 8 weeks

Implications for Nursing Practice

- Guides nurse educators and administrators in preparing the nursing workforce for EBP through fostering reflective practices and building organizationally committed staff
- Informs recruitment and retention practices for both academic and clinical organizations
- Drives future research questions

Future Directions

- How do we foster insight in those who are self-reflecting on EBP?
- What can we gain by exploring OC in nursing?
- What kind of relationships are created in an EBP environment?
- Is EBP a functional process lacking caring?
- How can we move to competency based education and simulation learning without understanding empathy?

Where do we go next?





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Thank you!

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