Title:
Facilitative Interventions for Nurse Leaders That Enculturate Evidence-Based Practice

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Session Title:
Scientific Posters Session 1

Keywords:
Evidence-based practice, Facilitators and Nurses

References:


**Abstract Summary:**
A gap in nurse leaders’ knowledge exists regarding correlation of safe, quality care with evidence-based practice (EBP), resulting in fiscal detriment, decreased quality outcomes, and staff retention and empowerment issues. This quality improvement project found EPB integration and enculturation can be activated using facilitative interventions aimed at nurse leaders.

**Learning Activity:**

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<th>LEARNING OBJECTIVES</th>
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<td>The learner will be able to list the three common valid and reliable tools used to measure outcomes related to evidence-based practice (EBP) beliefs, use, and enculturation after attending the presentation in order to measure current and future indicators of EBP integration and enculturation at his or her institution.</td>
<td>The purpose, practice question, and study design will be discussed and reviewed, leading to the reliability and validity of the survey tools used to measure outcomes: the Organizational Culture and Readiness for System-Wide Integration of EBP, the EBP Beliefs Scale, and the EBP Implementation Scale. The purpose was to decrease a gap in nurse leaders’ knowledge regarding safe, quality care and the relevance to EBP in an effort to increase EBP integration and enculturation. In order to answer this, we asked if the use of EBP facilitators as interventions for nursing leadership at a single healthcare entity increased organizational culture and readiness, beliefs, and use of EBP? This was a quality improvement, pilot project, pre/post-test design that was guided by the Nursing Process, the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model, Lewin's Change Management Model.</td>
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<td>The learner will be able to summarize how the four EBP facilitator categories of evidence from the literature relate to creating facilitative interventions for nurse leaders at his or her institution in order to implement a similar program.</td>
<td>The critical appraisal of the evidence using the Johns Hopkins Nursing Evidence Based Practice Model will be reviewed demonstrating synthesis resulting in four categories of the literature: Educational interventions, transformational leadership, strategic planning, and a project systems perspective. This will be placed into perspective with the background of the problem (locally, nationally, and globally), including EBP enculturation and integration barriers, as well as the regulatory and accreditation recommendations surrounding</td>
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EBP. Finally, the six EBP facilitators used in this project will be presented to finish the methods and complete the perspective for this objective: (a) Participate in EBP101 course; (b) Verbalize strategy to overcome EBP barrier; (c) Brainstorm action plan for EBP enculturation; (d) Choose nurse leader champion(s); (e) Create entity-wide EBP strategic plan; and (f) Select EBP facilitating strategy to operationalize in entity.

The learner will be able to identify at least two EBP strategies that can be implemented by nurse leaders in order to facilitate EBP enculturation and integration at his or her institution.

Quantitative results in the form of the aggregate scale results from the EBP beliefs, use, and enculturation, as well as the individual question statistical t-test calculations, will be presented with anecdotal information regarding the nurse leaders’ actions. Strengths and weaknesses from this project will be discussed, such as issues with generalization. Recommendations and conclusions will be presented.

**Abstract Text:**

Many barriers exist to integrating and enculturating evidence-based practice (EBP), the most recent and relevant of which is an organizational barrier that begins at the level of formal nursing leaders. A gap in nurse administrator knowledge correlating safe, quality care with evidence-based practice exists to the extent that necessary resources to overcome known EBP barriers are not allocated (Melnyk & Gallagher-Ford, 2014; Melnyk, et al., 2016; Scala, Price, & Day, 2016). This contributes to poor quality outcomes, fiscal irresponsibility, and staff retention and empowerment issues (Liu, Lai, Ringel, Vaiana, & Wasserman, 2014; Melnyk, 2014; Schifalacqua, Shepard, & Kelley, 2012). Despite nursing administration accountability for EBP integration and an Institute of Medicine (2011) guideline for 90% EBP integration by the year 2020, less than 10-15% of clinicians consistently use EBP to focus decisions and research translation to practice takes 10-20 years or more (Morris, Wooding, & Grant, 2011; Patelarou, et al., 2013). Inconsistent EBP integration results from clinician inability to change organizational cultures and overcome EBP barriers. In order to determine how to enable formal nurse leaders to create a culture of EBP, as well as improve their individual beliefs and use of EBP, the Johns Hopkins Nursing Evidence-Based Practice Model guided the literature review and critical appraisal of the evidence. Ultimately, 38 articles dating from 2008 to present—60% of which was research; half of which was considered high quality—were retrieved from the following databases: Cumulative Index to Nursing and Allied Health Literature, Educational Research Information Center, Joanna Briggs Institute Database, Ovid Nursing Journals, ProQuest, PsycArticles, PubMed, and SAGE Premier. This synthesized evidence—educational interventions, transformational leadership, strategic planning, and a project systems perspective—established the six facilitative interventions used in this quality improvement, pre/post-test, pilot project. The Nursing Process, Lewin’s Change Management Model, and the Five Practices of Exemplary Leadership® Model further enhanced the project design by aligning with recommended best practices from the literature. The pre/post-test reliable and valid scales used to measure outcomes—the Organizational Culture and Readiness for System-Wide Integration of EBP, the EBP Beliefs Scale, and the EBP Implementation Scale—were administered to the nurse leaders prior to, and three months after, the facilitative interventions were implemented. Data from these scales were analyzed using 2-sample t-tests for aggregate scale scores and individual question Likert score movement. Statistically significant improvements for individual questions correlating to the facilitative interventions were noted, but overall
aggregate scale scores did not demonstrate statistically significant changes. Further, the swiftness with which the nurse leaders implemented relatively extensive EBP action items from a team-created strategic plan was unexpected, demonstrating buy-in. It is recommended that further research be completed. With modifications, this quality improvement project could be replicated in other facilities, using the key evidentiary factors to adjust the facilitative interventions to the institutional culture and target population. Contributions from this project add to the existing body of knowledge, not to mention the resolution of public health and safety issues and the reversal of fiscal irresponsibility. More importantly, EBP means overcoming resistance to change, which this project demonstrated can be accomplished.