Title:
The Nursing Shared Governance Structure as a Vehicle for Advancing EBP: An Evidence-Based Approach

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Session Title:
Advancing EBP in Nursing Shared Governance
Slot:
B 07: Saturday, 28 October 2017: 3:15 PM-4:00 PM
Scheduled Time:
3:35 PM

Keywords:
evidence-based practice, nursing demographics and shared governance model

References:
Myers, M., Parchen, D., Geraci, M., Brenholtz, R., Knisely-Carrigan, D. & Hastings, C. (2013). Using a shared governance structure to evaluate the implementation of a new model of care: The shared experience of a performance improvement committee. *Journal of Nursing Administration, 43(10),* 509-516.

Underhill, M., Roper, K., Siefert, M., Boucher, J. & Berry, D. (2015). Evidence-based practice beliefs and implementation before and after an initiative to promote evidence-based nursing in an ambulatory oncology setting. *Worldviews on Evidence-based Nursing, 12(2),* 70-78.

 Yoder, L, Kirkley, D., McFall, D., Kirksey, K., StalBaum, A., & Sellers, D. (2014). Staff nurses' use of research to facilitate evidence-based practice. *American Journal of Nursing, 114(9),* 26-37.

Abstract Summary:
Our system-wide study found that nurses' beliefs in and implementation of EBP were low; organizational readiness for EBP needed support. Based on these data, the Shared Governance Structure developed, implemented and evaluated strategies to advance EBP. Our approach is replicable by shared governance structures in community hospital systems.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe system-wide study data on nurses' beliefs in and implementation of EBP, as well as the organization's readiness for EBP.	study methods (cross-sectional, descriptive study) study instruments (EBP-B, EBP-I, OSCRIEP) study data collection and analysis study results
Discuss how a Shared Governance Structure used study evidence to develop system-wide strategies to enhance nurses' beliefs in and implementation of EBP and to promote EBP within the organizational culture.	Shared Governance Structure (councils and committee structure) shared governance principles strategies used by the model to support EBP (education, practice, technology-driven)

Abstract Text:

Background: Practicing from an evidence-base is the hallmark of professional nursing. A Shared Governance Structure provides the framework to support and implement evidence-base practice (EBP), where professional nurses develop processes for evidence discovery and implementation, as well as a system for monitoring patient outcomes for quality care.

The Shared Governance Structure within our community hospital system is overseen by a Leadership Council. Four councils report to the Leadership Council: Practice and Translational Research; Quality and Safety; Professional Development; and Management. Each of these four councils has its associated committees. EBP falls under the Practice and Translational Research Council, which governs three committees: EBP Implementation; Clinical Policy and Procedure; and Technology, Innovation and Clinical Practice. This cluster of committees assumes leadership in promoting and supporting EBP.

Purpose Statement: The purpose of this cross-sectional descriptive study was to measure nurses' beliefs in and implementation of EBP and to measure their perceptions of existing organizational culture and readiness to practice from an evidence-base within a community hospital system. The Shared Governance Structure's approach to advancing strategies for promoting EBP beliefs, implementation and organizational culture is based on this study's evidence.

Methods: Included in this cross-sectional descriptive study were all nurses employed in a community hospital system. Data were collected over a 2 week period via electronic survey using the EBP Beliefs Scale (EBP-B), EBP Implementation Scale (EBP-I), Organizational Culture and Readiness for System-Wide Integration of EBP Scale (OSCRIEP), and Demographic Profile. IRB approval was obtained, as was permission from the Scales' authors. For all three Scales, lower total scores indicated low beliefs in and implementation of EBP and low organizational support for EBP.

Results: 341 (24.4% of system nurses) provided complete data (mean age=47.8 +/-11.46 years). Respondents had a mean 22 (+/-12.70) years of nursing practice and an average of 14.27 (+/-10.87) years of system employment. The majority (n=132, 38.7%) held BSN degrees. There was a weak inverse correlation between the nurses' age and EBP-I (r= -.118, p=.02) and EBP-B (r= -.324, p=.000). There was a weak inverse correlation between nurses' years of system employment and EBP-B (r= -.263, p=.000). A weak inverse correlation was found between years of nursing practice and EBP-I (r= -.126, p=.000); EBP-B (r= -.271, p=.000); and OCRSIEP (r= -.126, p=.020). There was a significant difference in EBP-I and nursing education (F=9.98, p=.000).

Application to Practice: Based on these data, the Practice and Translational Research Council and its associated committees developed, implemented and evaluated strategies to enhances nurses' beliefs in EBP, their implementation of EBP and to support organizational culture and readiness for EBP. To enhance EBP beliefs and implementation, education includes a unit-based curriculum to teach the process of EBP. A formal structure for submitting EBP project proposals is in place. To showcase EBP implementation and demonstrate organizational support, EBP dissemination strategies include an annual EBP and Translational Research Day that showcases staff scholarly work. Scholarly endeavors to disseminate implementation of EBP include publications in peer-reviewed journals and poster and platform presentations at regional and national conferences. A formal process for mentoring staff with abstract and manuscript submissions is robust. All strategies are based on this study's evidence and demographic characteristics of the hospital system nursing staff.

Conclusions: This system-wide survey found differences among EBP beliefs and implementation and nurses' demographic characteristics. Overall, nurses' responses indicated low beliefs in and little implementation of EBP within an organizational culture that needed more support for EBP. Opportunities based on this study's data were generated through the Leadership Council and committees to enhance EBP beliefs and implementation and to support organizational culture for EBP readiness. Future research includes a repeat study using the same scales to measure system-wide changes in EBP among nurses.