Readiness to Integrate Evidence-based Practice: What is the Nurse Educators' Role?

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Abstract

A multifaceted single-site study explored parents' perceptions of care, infant outcomes, and nurses' perceptions of organizational culture and readiness to integrate Evidenced-based Practice (EBP) in 56-bed level III NICU. The nurses' perceptions of the organizational culture and readiness to integrate EBP increased steadily over a 12-month period; wide variations in the nurses' perception scores were observed. Aims of this portion of study included gaining a deeper understanding of nurses' perspectives of the organizational culture and ways to improve clinical nursing practices in the NICU.

The findings require nurse educators to answer the question, What is the nurses' perception scores were observed.

Methods and Materials

1. The Organizational Culture & Unit Readiness for Integration of Evidence-based Practice Survey-Unit (OCSRIEP-UNIT) (Melnyk & Fineout-Overholt, 2015) is a 25-item scale intended to measure the NICU nurses' perceptions of organizational culture within the NICU and readiness to integrate EBP in caring for micro-premature infants. It uses 3-rating scales: the 5-point rating scale ranging from "not at all" to "very much," or "not ready" to "past ready and onto action," or frequencies ranging from "none to 100%." The scale generates a total score ranging from 25 to 125; scores closer to 125 reflect greater organizational readiness for or movement towards a culture of EBP. Higher individual item scores indicate greater degrees of perceived readiness to integrate EBP into clinical nursing practice.

2. The OCSRIEP-UNIT survey and demographic questions totaled 35 questions. No identifying information was collected.

3. Nearly 100 NICU nurses were invited to participate in the online study.

4. The survey remained available to staff for approximately 5 weeks during each collection period (at the onset, 6 months, and 12 months.)

5. Staff were provided a hyperlink to access the online study from their personal or work computers.

Results

- Responses rates varied between collection periods of baseline, 6 months, and 12 months (36, 51, 24 respectively).

- Overall perception scores of organizational culture and unit readiness to integrate EBP increased steadily over time with wide variations in individual nurse’s perception scores.

Table 1. Overall Perceived Organizational Culture and Unit Readiness to Integrate EBP

<table>
<thead>
<tr>
<th>Time</th>
<th>Number of Responses</th>
<th>Range of Scores</th>
<th>Mean Score (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>36</td>
<td>36 - 122</td>
<td>78.54 (1.19)</td>
</tr>
<tr>
<td>Six Months</td>
<td>51</td>
<td>54 - 118</td>
<td>81.37 (1.22)</td>
</tr>
<tr>
<td>Twelve Months</td>
<td>24</td>
<td>54 - 111</td>
<td>85.42 (1.29)</td>
</tr>
</tbody>
</table>

Table 2. Perceived EBP Culture and Unit Readiness to Implement EBP in NICU

<table>
<thead>
<tr>
<th>NICU's readiness to implement EBP</th>
<th>Baseline</th>
<th>Six Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement in NICU towards EBP</td>
<td>3.05</td>
<td>3.28</td>
<td>3.46</td>
</tr>
</tbody>
</table>

Discussion

The study was presented to the NICQ Council, prior to the onset of the study. The NICU nurses ranged in age from 23 to 71 years-old with most nurses employed in the unit for > 5 years and many > 20 years. Some seasoned nurses had little understanding of EBP concepts. In contrast, younger nurses had a good working knowledge of EBP concepts and activities.

Nurses implemented the Neonatal Integrative Developmental Care model to care for premature infants (>26 wk gestation). Prior to implementation of the change in nursing practice, seven educational classes were held to introduce staff to the model and provide a basis for the practice change.

Barriers were immediately identified as the practice change was perceived necessary by administration with little input sought from staff. Some nurses voiced frustration with unfamiliarity with EBP concepts. Surprisingly, despite repeated re-assignments, many nurses voice reluctance to participate in the study fearing management could identify individual responses and retaliate.

All scores remained slightly above the mid-mark score of 75 indicating the need for further development of a culture to embrace EBP. Overall, nurses did not feel ready and wanted more support to integrate the practice change.

Conclusions

The wide range of nurses' perceptions of the organizational culture and their readiness to integrate EBP at each collection period requires further investigation as to possible barriers and necessity for additional support.

So what is the nurse educators' role?

The significance to the future of nursing cannot be underscored. It is essential that nurse educators recognize the study implications and incorporate varied strategies in clinical practice, clinical practicum and classroom activities to:

- Facilitate a deeper understanding of how to integrate EBP into practice
- Employ strategies that enhance the learner's ability to successfully implement EBP and ultimately improve patient outcomes
  - Provide formal classes to nurses as to how to evaluate the level of the evidence and formulate a PICO question (Levin & Chang, 2014)
  - Promote participation in Journal Clubs (Gardner, Kanaske, Kehnars, Salisbury, Doehry, & Schirm, 2016)
  - Encourage participation in research activities (Ayoada, Adams, Kamp, Zandee, Feenstra, & Doornbos, 2017)
  - Promote the use of resources such as librarian and online tools including Johns Hopkins Model and Guidelines (http://www.hopkinsmedicine.org/evidence-based-practice/ebp_education.html)
  - Redesign courses to effectively increase students' knowledge, skills, and attitudes towards EBP (Ruzafa-Martinez, Lopez-Ibora, Barranco, & Ramos-Morocillo, 2016)

References

1. Ayoola, A. B., Adams, Y. J., Kamp, K. J., Zandee, G. L., Feenstra, C., & Doornbos, M. M. (2015). The significance to the future of nursing cannot be underscored. It is essential that nurse educators recognize the study implications and incorporate varied strategies in clinical practice, clinical practicum and classroom activities to:

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