Inculcating Evidence-Based Practice in a Facility

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Evidence-Based Practice (EBP) is the current, best method for direct care staff to use translating research into practice (Correa-de-Araujo, 2016; Hain & Kear, 2015; Ingham-Broomfield, 2015; Melnyk & Fineout-Overholt, 2015; Schuette, 2015). There have been multiple studies into the barriers staff face using EBP. These barriers include time, resources, leadership buy in, skills with data base searches, and motivation. Some of them are relatively easy to overcome such as access to research in a system with computer and internet access.

The questionnaire results will be used to expand existing tutorials and develop material to target the staff’s stated needs for EBP implementation tools. The final outcomes will be assessed with a repeat questionnaire and a simple count of how many direct care staff submit abstracts and participate in professional conferences compared to the current participants.

This project is about using research to develop an action plan to overcome the barriers of ‘lack of knowledge about the process’ and ‘lack of support implementing practice change’. Both these barriers are rooted in the current nursing administration demographic. In other words, nurses whose academic degree was prior to required core curricula began including EBP in the coursework, are more likely to be in administrative positions now or senior nurses in direct care positions. These nurses help shape the next (two) generations of nurses through example and leadership. The premise is, if the senior nurses in a facility do not use or encourage EBP, then the newer nurses who had the courses will not use it. There is also a paradox for the newer graduates having these advanced skills using research while their unit level preceptors, who have advanced clinical skills, may not. The project is being developed by two DNP graduates, one of the Nurse Managers, and the EBP Chair at the facility using multiple resources available.

**PICOT:** *Will an educational initiative to develop and increase direct-care nurses’ knowledge and attitudes about evidence-based practice (EBP) result in increased participation in EBP activities?*

The first step for the project, after Institution Review Board (IRB) approval, is using an anonymous, voluntary questionnaire (Survey Monkey) for the staff to self-assess the barriers. The second step is expanding an existing EBP Preceptor development course from 30-minute lunch and learn sessions to four weeks, two-hour sessions. The target first group is current nurse managers and second group, senior staff nurses. These nurses are currently in positions of authority on the units and should be the key drivers for EBP development.

The preceptor development program is a brief, targeted tutorial introducing the attendees to the resources available at the facility and a review of the basics of EBP as a care improvement methodology.

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There were two Level II, grounded theory, quasi-experimental study into the challenges for nurses implementing EBP (Renolen & Hjalmhult, 2015). For the purposes of this project, it gives an in-depth discussion of the questions and the issues nurses in Norway face as they overcome barriers to EBP implementation. The other study was specifically about the process to implement EBP as a care improvement modality in a health care delivery system. Schuette used a systems redesign type process to expand EBP throughout a care system, the results showed an organized, systematic analysis coupled with targeted intervention tools can inculcate EBP into a hospital system similar to the facility (2015).

There were three level III non-experimental, good quality studies. The team will use the small group study to help develop the questionnaire and the questions about facilitation (Long et al., 2014). The other study shows the onus of EBP development lies with the instructors who are facilitating the content (Kalb, O’Conner-Von, Brockway, Rierson, & Sendelbach, 2105). The content from another cross-sectional study supports notion the environment and the program effect the student’s skills (Manns, Norton, & Darrah, 2015).

There were seven Level V case studies or expert opinions, all graded A for high quality due to the organization level of the recommendations or the expertise (Bohenkamp, Pelton, Rishel, & Kurtin, 2014; Brown, 2015; Correa-de-Araujo, 2016; Giomuso et al. 2016; Ingham-Broomfield, 2015; Koffel & Reidt, 2015; Yates, Nix, Coldiron, & Williams, 2017).

Included in the review, because the material will be used for inculcating EBP at the facility, is a continuing education offering on engaging staff in the EBP process (Hain & Kear, 2015). The material in the article will be used to develop local CEU offerings which will be critical to off-tour and weekend staff having access to the information at their convenience. The second article included is from the Agency for Healthcare Research and Quality (AHRQ) article on using research to implement a pressure ulcer intervention program includes a description of how the team built the project, intervention, engaged staff, and reported the results of the project (2014).

There were no randomized control trials found in the literature review. However, the studies used were from peer reviewed journals and government agencies and showed work that has been carried out in academic and healthcare facilities. The distinction with this project is it is using research to develop staff understanding of research utilization to drive patient care. In other words, the plan is for the EBP Committee to become the vehicle to facilitate direct care staff engagement in the process of translating research into quality care delivery. The literature is limited to academic or healthcare delivery institutions, there is limited work on bridging the two.

There is ample work on implementing EBP as a process. The material developed by Melnyk and Fineout-Overholt in their three editions of textbooks (2005, 2011, & 2015) gives ample descriptions of how to use research to develop EBP. Johns Hopkins Nursing also has material on line to enhance research utilization (Dearholt & Dang, 2012). The team has read and reviewed several textbooks during their individual academic pursuits and a general blueprint for action has been developed from these readings.

Majid et al. (2011) developed a tool, based on questionnaires used in previous studies, on information needs and information-seeking behaviors of nurses. The Cronbach alpha of different sections of the questionnaire was between 0.681 to 0.954, indicating that data collected through this questionnaire were reliable (Majid et al., 2011).
Abstract Summary:

Inculcating Evidence-Based Practice (EBP) in a facility is fraught with barriers, including access, time, skills development, and leadership support. The trend toward degree advancement means there are more nurses who have research and EBP in their curricula, however, there remains a gap between academic applications and practice applications of research.

Content Outline:

Overcoming barriers to EBP development in a facility requires a multiple step process. This project is about using research to overcome these barriers and includes questionnaires to assess the actual barriers to staff implementing EBP, developing action plans to address and overcome the barriers, and ultimately measuring the outcomes.

The EBP committee has already developed tutorials for staff to use on how the process works at the facility, however initial anecdotal information is that the staff do not know how to access the material. A subcommittee was formed to develop an action plan to overcome this first hurdle and a website has been developed as a first step.

The end results will be revealed in the post-implementation questionnaire to evaluate any shift in the barriers. A second metric is the ongoing tracking the committee does on direct care staff involvement with care improvement initiatives and professional conference attendance. The subcommittee expects an increase in knowledge, skills, and beliefs as well as an increase in professional participation.

First Primary Presenting Author

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Professional Experience: Burnett, DNP, RN, NE-BC, RN-BC 2004 – present built upon the BSN level coursework developing Evidence-Based Practice as a care improvement modality and facilitating direct care staff developing and enhancing their skills with EBP. Used each progressive academic degree to build personal skills and share with other staff. The capstone for the DNP was on developing EBP Preceptors. Multiple podium and poster presentations on EBP Development, Professional Development, and enhancing EBP preceptor skills including – Podium presentation for STTI International conference, Indianapolis, Indiana, October 30. Doctoral Student Preceptor, University of Kansas at Kansas City, University of Arkansas and MSN Student Preceptor for multiple students at multiple facilities. Adjunct Faculty, Grand Canyon University currently, formerly Adjunct Faculty at Union University, Jackson, Tennessee. Multiple awards and honors for nursing development achievements.

Author Summary: Since 2010, Dr. Burnett has been actively involved with Nursing Organizations and facilitating staff attending professional conferences. She has presented podium presentations and posters at conferences from Texas to Iowa. She also developed and presented several CEU offerings to the staff at the VA in Fayetteville, Arkansas. Her current project is to fully inculcate EBP as a care improvement modality used by direct care staff.
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**Author Summary:** Dr. Alvarado is currently an Associate Chief Nurse Executive at the Veterans Healthcare System of the Ozarks. She is also adjunct Nursing Faculty at the University of Arkansas and Southern New Hampshire University. Dr. Alvarado holds a BSN from the University of the Incarnate Word, MSN in Nursing Administration from UT Arlington, and a DNP from Chatham University. She is board certified as a Nurse Executive by the American Nurses Credentialing Center.