

INTRODUCTION

Studies have shown that evidence-based practice enhances the quality of care, reduces costs and improves patient outcomes.¹ Despite these documented benefits, however, it can be difficult to create a culture of evidence-based practice in a hospital organization, because it represents a significant change in both process and mindset.

This can be especially true in nursing, a profession in which some environments still rely heavily on tradition.

This paper looks at the importance of integrating evidence into nursing practice and examines the current views of nursing personnel regarding it, as well as barriers that can impede implementation. It also outlines how nurse managers and leaders can assist in establishing a culture in which evidence-based nursing practice (EBNP) can thrive and looks at research tools that can simplify and encourage both the generation and use of evidence.

WHAT IS EVIDENCE-BASED NURSING PRACTICE?

Broadly defined, EBNP is a problem-solving approach to the delivery of healthcare, using current best evidence in clinical decision-making about a patient's care. More specifically, it integrates the best evidence from studies and patient care outcome data with the clinician's expertise and patient preferences and values. And it is centered on the belief that evidence should be used to define best practices rather than support existing, and perhaps outdated, nursing interventions.

The EBNP process entails research and critical appraisal of findings to determine the most relevant evidence, implementation of the best practice findings and evaluation of outcomes as they relate to the patient, the nurse and the organization overall.

WHY IS IT IMPORTANT?

There are a number of drivers for the establishment of EBNP. These include its value in achieving the "Triple Aim" set forth by the Institute of Healthcare Improvement, that is:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare

Summary

Momentum continues to build for the establishment of evidence-based nursing practice.

In going forward to pursue a culture that supports EBNP, healthcare organizations must acknowledge that, though the benefits are great, it will take time, resources and strong commitment to put into effect. And the path will not always be smooth, as modifications and revisions are inevitable before consistently positive results are achieved.

With shared vision and shared commitment, however, organizations can achieve the level of evidence-based practice that supports consistent, quality care for patients, families, communities and populations.

¹ Melnyk BM, Fineout-Overholt E, Gallagher-Ford L, Kaplan L (2012). The state of evidence-based practice in US nurses: critical implications for nurse leaders and educators. J Nurs Adm, Sep;42(9):410-7.

Among other forces of change:

In a concerted effort to transform the way evidence on clinical effectiveness is generated and used to improve health and healthcare, the Institute of Medicine has established a goal that, by the year 2020, ninety (90) percent of clinical decisions will be supported by accurate, timely, and current clinical information, and will reflect the best available evidence.

The International Council of Nurses also has stated that, in an era of evidence-based practice and knowledge-driven healthcare, nurses have a professional obligation to society to provide care that is constantly reviewed, researched and validated.

Another factor is the move toward a culture of inquiry within nursing, which promotes innovation, inquisitiveness and a scholarly approach to evaluating current practice. As articulated in the Research Agenda of the American Association of Critical Care Nurses², a culture of inquiry fosters critical care nursing research driven by patient needs and will exist when:

- Nurses move away from rituals in practice.
- Nurses questioning their practice is not only accepted, but expected.
- Change is the norm.
- Practice reflects ongoing evaluation.
- Nurses seek answers to their questions and articulate and teach the rationale for their practices to others.

Evidence-based practice allows nurses to enrich their clinical education and experience with current research. With the large amount of research and information that exists in nursing, learning the skills of evidence-based practice allows nurses to search for, assess and apply the literature to their clinical situations.³

The concept of evidence-based practice also is at the core of the American Nurses Credentialing Center's new model for its prestigious Magnet Recognition Program®.⁴ This model was designed not only to serve as a road map for organizations seeking to achieve Magnet recognition, but also as a framework for nursing practice and research in the future. The five tenets of the model are:

- Transformational Leadership that creates a vision, philosophy and strategy for professional nursing practice.
- Structural Empowerment where the environment supports shared-governance and strong professional practice flourishes.

² AACN's Research Vision & Mission. American Association of Critical Care Nurses. Available at: <http://www.aacn.org/wd/practice/content/research/research-mission-and-vision.pcms?menu=practice>.

³ Evidence Based Nursing Introduction. The University of North Carolina at Chapel Hill Health Sciences Library. Available at: <http://guides.lib.unc.edu/c.php?g=8362&p=43029>. Last Updated February 13, 2015.

⁴ Magnet Model. American Nurses Credentialing Center. Available at: <http://www.nursecredentialing.org/magnet/programoverview/new-magnet-model>.

“Transformational Leadership that creates a vision, philosophy and strategy for professional nursing practice.”

- Exemplary Professional Practice, which is the outcome of a collaborative and patient-centered practice environment.
- New Knowledge, Innovation and Improvements, which include new models of care, application of existing evidence, new evidence and visible contributions to the science of nursing.
- Empirical Quality Results, including benchmark data that would enable comparisons with best practices.

MAKING THE TRANSITION

Without groundwork, transitioning to evidence-based nursing practice can be overwhelming. This preparatory work requires early designation of (1) a leader for the initiative; (2) the primary educator of evidence-based expectations; and (3) a point person or champion of evidence.⁵ This team is critical to getting an organization's nursing staff to accept and embrace the value of evidence-based care.

The process of transition to EBNP itself is an example of evidence-based practice, as data is being collected and evaluated.

Still, it can be a tough sell for a number of reasons. For instance, according to a national survey by Nursing Informatics Expert Panel of American Academy of Nursing,⁶ the majority of RNs do not feel competent in understanding or implementing evidence in their practice; in fact, almost half of respondents were unfamiliar with the term.

Further, a majority of respondents said their most frequent source of information on evidence-based practice was a colleague or peer, and more than half of those surveyed had never identified, or been able to identify, a researchable problem. More than fifty (50) percent said they did not believe that their colleagues used research findings in practice.

In addition, about three quarters of those surveyed reported that they had never received instruction on electronic databases to search for information. This varied, of course, between those with and without advanced degrees and between veteran nurses and recent graduates, the latter of which likely had been exposed to the EBNP concept.

“More than fifty (50) percent said they did not believe that their colleagues used research findings in practice.”

⁵ Varnell, G., Haas, B., Duke, G., & Hudson, K. (2008). Effect of an educational intervention on attitudes toward and implementation of evidence-based practice. *Worldviews on Evidence-Based Nursing*, 5(4), 172–181.

⁶ Pravikoff D.S., Pierce S.T. & Tanner A. (2005). Evidence-based practice readiness study supported by Academy of Nursing Informatics Expert Panel. *Nursing Outlook*, 53(1), 49–50.

ASSESSING READINESS

Once an organization has made a commitment to implementing evidence-based nursing practice, it must determine if its staff is truly ready. Following are resources that can help in this regard, providing guidance in measurement at a variety of levels, from belief structures to monetary considerations.

- Informational Literacy for Evidence-Based Nursing Practice© (Pravikoff et al, 2005) measures the informational needs of nurses.
- Nursing Evidence-Based Practice Survey© (Titler et al, 1999) gauges the current culture of evidence-based practice.
- Perceived Evidence-Based Knowledge (Thiel and Ghosh, 2008) measures nurses' perception of having enough knowledge, skills and access to resources to implement evidence-based practice.
- Nurses' Attitudes Toward Evidence-Based Practice Scale (NATES) (Thiel & Ghosh, 2008) assesses attitudes and beliefs about evidence-based practice.
- Nurses' Readiness for Evidence-Based Practice Survey (Thiel & Ghosh, 2008) enables a comprehensive measurement of information needs, knowledge and skills, culture, and attitudes.
- Evidence-Based Belief Scales (Melnik et al, 2006) measures beliefs about the value of evidence-based practice and ability to implement it.
- Evidence-Based Implementation Scale (Melnik et al, 2006) looks at the extent to which evidence-based practice already has been implemented.
- A Tool for Quantifying Organizational Support for Evidence-Based Practice Change (Fanning and Oakes, 2006), known as the Record of Contribution Form (West Virginia University Hospital, 2004), quantifies perceptions of organizational support in terms of time and money (for supplies, equipment, services and capital/minor purchases).

BARRIERS TO UTILIZATION

Certainly, there are obstacles to the implementation of EBNP, and many of them are interrelated.

Unsurprisingly, the issue voiced most by nurses is the sheer amount of time it takes to effect any sort of change. Already consumed in managing patients' care, many of them see evidence-based practice as an added step and time drain in their workflow. Here, it can help to remind them that the conversion may not be as time-consuming as perceived and that the result will be more effective care, which, in turn, can save time.

Another obstacle cited is limited access to literature. This could be caused by a lack of knowledge about how to access and search a database, the absence of computers at bedside or nursing stations or medical libraries with a dearth of information related specifically to evidence-based nursing research. And, even with easy access to the appropriate information, many nurses have no knowledge or education in critical

“The more immediate the opportunity for practice and feedback, the more likely learning will occur.”

assessment of literature, requiring a new skill and reinforcing their concerns about time.

Another stumbling block is a factor inherent in the profession of nursing, which emphasizes practical vs. intellectual knowledge. Nurses do what they know best. Seasoned caregivers who did not encounter evidence-based practice principles in their education are comfortable and confident in the way they deliver care, believing their practice already is the best it can be.

Nurses also may be part of a work environment that does not encourage information-seeking, due to perceived lack of time, actual lack of resources and skepticism of the value of research and integration of findings into patient care. This can be especially true in organizations with few new nurses or that lack a researcher on staff.

And, of course, healthcare institutions are being pulled in a myriad of directions at once, and leadership may have other goals to which they've assigned a higher priority.

A CRASH COURSE: BREAKING DOWN BARRIERS

If an organization truly wants to advance – and, importantly, sustain – a culture of evidence-based nursing practice, there are tactics that can be used to minimize opposition and encourage buy-in.

First, it's important to engender a strong belief by clinicians that evidence-based practice improves care and enhances outcomes. This assertion can be supported by looking at the organization's own population, as well as the mass of research that clearly shows the positive impact of evidence-based practice. This process likely will be easier for a clinical setting already working in partnership with an academic institution that can provide ready access to research and research assistants.

Next, nurses must be assured they will have the resources they need to increase their knowledge of, and skills in, EBNP. This means access to webinars and continuing education and other learning tools for all nurses, no matter their position in the chain of command.

The implementation of evidence-based nursing practice requires both individual and organizational behavior change.

EBNP also can be included in the orientation of a nurse to the organization or to a specialty area, which sets the stage for another key tactic – mentorship.

There is an old saying that, “Nurses eat their young,” referring to the insensitive treatment new nurses can experience at the hands of their experienced coworkers. In order for the transition to EBNP to succeed, this sort of hazing

“Seasoned caregivers who did not encounter evidence-based practice principles in their education are comfortable and confident in the way they deliver care, believing their practice already is the best it can be.”

or bullying must be replaced by mentoring and partnerships between newer and seasoned nurses.

After all, both the new and veteran nurse have something to bring to the partnership. The recent graduate likely has knowledge of evidence-based practice, research and use of databases, which he or she can teach a more seasoned colleague. The established nurse, in turn, has the force of practical experience behind him or her. With each person bringing his or her best to the table, both mentor and protégé can learn and grow, delivering the ultimate in collaborative care.

It also is important that those managers, leaders and administrators committed to the implementation of evidence-based practice within the organization use some of their budget and influence to build the research resources and tools required for success.

These leaders also must foster an innovative spirit in their team members and create an atmosphere driven by curiosity and inquiry. Most importantly, they must shatter the concept of “because we’ve always done it that way,” replacing it with a desire to do it the best way.

Setting the stage both physically and emotionally can propel the transition forward, based on a firm foundation and powered by common purpose.

THE IMPORTANCE OF LEADERSHIP

Any organization that starts down this path must do so with a firm commitment from top administration, clinical leadership and managers. Planning should start with a clear vision of what is to be accomplished and incorporate a well-developed strategic plan that identifies how EBNP will be integrated into the organization and its improvement of care.

Again, there also must be a commitment to providing the resources needed, from research materials to mentorship programs, from computers to education, and how the necessary resources will be provided and managed by leaders at all levels.

During the process and after, staff should have the opportunity to attend conferences, presenting posters and disseminating information and learning from others to expand the culture. This, too, should figure in resource planning.

And, finally, there must be a commitment to ensuring that EBNP is translated into the practice. If it never makes it to the bedside, the project will have failed and the benefits of evidence-based practice will not be achieved.

“Planning should start with a clear vision of what is to be accomplished and incorporate a well-developed strategic plan that identifies how EBNP will be integrated into the organization and its improvement of care.”

“With implementation of science evolving in the world, it’s vital to determine the potential role that leaders have in facilitating translation of different forms of evidence into the myriad of decisions nurses make in their daily practices.”⁷

Jo Rycroft-Malone
PhD, RN
Educator and expert in evidence-based practice

⁷ Rycroft-Malone J (2008). Leadership and the use of evidence in practice. *Worldviews on Evidence-Based Nursing*, Fourth Quarter, 1.

Clinical leadership and management must work in harmony to meet the ultimate goal of influencing change in nursing practice. There has to be a shared vision between leadership and management at all levels to move the culture forward.

A key component in planning should be the determination of barriers to both generating and using evidence-based practice and how they can be addressed and overcome. Evidence cannot just be used; it must be generated if evidence-based practice is to become the norm.

To effect the conversion, leadership must develop and build trust and a supportive relationship with staff. There also must be a change from task-oriented leadership behaviors, and, once in place, evidence-based practice should be built into the evaluation process.

During transition, role-modeling can be an effective tool, as one nurse educates a unit on evidence-based research and one unit educates another until all staff and the nursing community is on board, generating and using evidence-based information.

Also recommended is a multi-level nursing leadership approach. That is, leadership by staff nurses, managers, educators, supervisors and administrators in a coordinated effort to effect changes in practice and policies through the generation and use of evidence.

A shared vision and shared commitment sets the groundwork for the integration of evidence into nursing practice, which results in the provision of higher quality care to the betterment of patients, families, communities and populations.

The likelihood is that the more people who participate, the greater the change will be, more people will embrace the change and the more successful your EBNP culture and, thus, practice will be.

SELECTED REFERENCES

Melnik BM, Fineout-Overholt E, Gallagher-Ford L, Kaplan L (2012). The state of evidence-based practice in US nurses: Critical implications for nurse leaders and educators. *Journal of Nursing Administration*, 42(9):410-7.

Dogherty E, Harrison M, Graham I, Digel Vandyk, A and Keeping-Burke L (2013). Turning knowledge into action at the point-of-care: The collective experience of nurses facilitating the implementation of evidence-based practice. *Worldviews on Evidence-Based Nursing*, 10(3), 129-139.

“To effect the conversion, leadership must develop and build trust and a supportive relationship with staff.”

Ploeg J, Davies B, Edwards N, Gifford W and Miller, PE. Factors influencing best practice guideline implementation: Lessons learned from administrators, nursing staff, and project leaders. *Worldviews on Evidence-Based Nursing*, 4, 210-219.

Harvey G, Loftus-Hills A, Rycroft-Malone J, Titchen A, Kitson A, McCormack B and Seers K (2002). Getting evidence into practice: The role and function of facilitation. *Journal of Advanced Nursing*, 37, 577-588.

ABOUT ELSEVIER

Elsevier is a world-leading provider of information solutions that enhance the performance of science, health, and technology professionals, empowering them to make better decisions, deliver better care, and sometimes make groundbreaking discoveries that advance the boundaries of knowledge and human progress. Elsevier provides web-based, digital solutions — among them ScienceDirect, Scopus, Elsevier Research Intelligence, and ClinicalKey—and publishes over 2,200 journals, including *The Lancet* and *Cell*, and over 33,000 book titles, including a number of iconic reference works.

ELSEVIER

Contact Us:

Phone: 1.866.416.6697

Online: confidenceconnected.com

Creating a Culture of Evidence-Based Nursing Practice
– Why and How.

Based on a webinar presented by Lois Marshall, PhD, MSN, RN,
Nurse Education Consultant, and sponsored by Elsevier