



Implementing EBP Column

Implementing and Sustaining EBP in Real World Healthcare Settings: A Leader's Role in Creating a Strong Context for EBP

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This column shares the best evidence-based strategies and innovative ideas on how to promote and sustain evidence-based practices and cultures in clinical organizations. Guidelines for submission are available at [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1741-6787](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1741-6787)

INTRODUCTION

A growing body of research has emerged related to moving beyond the barriers to evidence-based practice (EBP) toward implementing strategies to successfully implement and sustain EBP in organizations (Melnyk, 2007). Through this work, the concept of organizational context has emerged as critical to success. Evidence-based practice context has been defined as "the specific environment in which implementation, utilization, and creation of evidence may take place" (McCormack et al., 2002, p. 101) and has been described as including three characteristics: organizational culture, leadership, and measurement or evaluation. More recently, Dogherty et al. (2013) found that contextual factors exist at four levels: individual, environmental, organizational, and cultural and "influence facilitation of evidence-based practice in real situations at the point-of-care" (p. 129).

Researchers have identified aspects of context supportive to implementation of EBP, including creation of a culture where EBP is valued and expected, where dialogue between administration and staff is prevalent and opportunities for collaboration are encouraged (Cummings et al., 2008). Additionally, development of practitioners' EBP knowledge and skills, availability of resources, including access to EBP mentors (Melnyk 2007), and adequate staffing and time; to review and implement evidence are critical (Melnyk, 2004; Rycroft-Malone, 2005). Finally, developing nurses' skills to negotiate organizational complexities is important to successful integration of evidence into nursing practice (French, 2005).

The American Nurses Association Scope and Standards for Nurse Administrators states that nurse administrators are responsible to "integrate research findings into practice" and "create a supportive environment with sufficient resources for nursing research, scholarly inquiry, and the generation of knowledge" (American Nurses Association, 2008, p. 41). Newhouse (2007) states that nursing leaders are a "significant force in the success of EBP because they allocate the human and material resources that provide the context for nurses' work environment and shape the culture for resource use" (p. 21).

The role of the nursing leader in creating the context for implementing and sustaining EBP has been clearly articulated in the literature, yet challenges in the "real world" often seem daunting and beg the following questions: "What can one leader do to make EBP the foundation of practice in a real world setting?"; and "Can one leader positively affect change in a setting that has a long history of paternalistic decision making and power, which is deeply steeped in traditional nursing hierarchies and roles?" The answer is yes, one nurse leader can influence the context and the culture of an organization to support a transformation to an EBP friendly facility.

DESCRIPTION OF THE STRATEGIES AND OUTCOMES

This journey began with one nursing leader believing that an EBP transformation was possible and taking action to make it a reality. First steps included acquisition of EBP knowledge and skills, which were empowering and built confidence to

move the organization forward. The support of senior leadership was an early and critical step. Evidence for EBP was provided to the chief nurse in the organization who then took the proposal to the chief executive for his support. Both of these executives were engaged and energized about EBP. Subsequent steps in the transformation rolled out concurrently as culture change was unlikely to succeed with a singular, linear approach. Multiple strategies at multiple levels were deployed, including assessment of support for EBP at the director and manager levels, persistent utilization of EBP language and the EBP process in decision making processes, restructuring of the “research council,” and public navigation of EBP barriers.

The group of nursing directors in the organization was particularly steeped in tradition, nursing hierarchy and the power gradient that had become deeply rooted over many years. The culture was: “top-down” decision-making and shared governance councils functioned in the traditional committee paradigm. In addition, nurses’ work was subordinate to physicians, not collegial. Evidence-based practice was not in the language or part of clinical practice in any level of the nursing department.

The concept of raising the professional nursing profile and utilizing EBP as a mechanism to support this change was discussed at multiple meetings with director peers and nurse managers. Nurse leaders were willing to acknowledge their EBP knowledge deficits quite readily, but their negative attitudes toward embracing a new foundation of practice were covert and much more difficult to modify. The deficits in EBP knowledge and attitude were addressed directly by the chief nursing officer through provision of EBP education and mentoring as well as clearly declaring EBP as a leadership expectation.

EBP language and process were persistently integrated into every conversation, meeting, and decision making activity. Traditional problem-solving approaches of trial and error based on anecdotal experience or utilization of a single research study were replaced with the EBP process. Although there were concerns in the early stages that the EBP process would take too much time, senior leadership supported the investment of time “up front” as opposed to the previous traditional approach that often led to implementing numerous failed fixes for the same problem and change fatigue for the staff. Over time, practice and experience led to improved EBP skills, which led to efficient and effective decision making with EBP as the standardized approach.

Shared governance had been introduced in the organization, yet the research council had no tangible role in the organization. The council was neither conducting research nor translating research into practice. As a first step in creating meaning for this council, education and context for its role in the organization were provided. EBP mentors, defined as individuals “who have in-depth knowledge and skills of EBP and of individual and organizational change strategies along with mentorship skills” (Melnik & Fineout-Overholt, 2011, p.

258), were developed and supported. Once the council had a working knowledge of EBP, research, and how they fit together in the context of the organization, the council decided to rename itself the “EBP Council” to reflect its role and purpose. The name change promoted utilization of the council to support practice change projects in the organization. The council representatives became more aware of the value of evidence in effective decision making, became more comfortable in their roles, and gained a sense of their unique contributions to the organization.

The ongoing promotion of EBP in the organization and the persistent navigation of barriers to EBP cannot be underestimated in terms of implementing and sustaining a culture of EBP in the organization. Early in the process, there were many more resistors than there were embracers of EBP, and the leader’s role as a proactive, public and persistent navigator of EBP barriers was critical to our success.

DISSEMINATION

The role of leaders in integrating and sustaining EBP in organizations is an emerging topic. Leaders who have had success in these endeavors have a particularly critical and timely responsibility to share their experiences and mentor other leaders. Presentations at leadership conferences and the publication of research and outcomes management and quality improvement projects are dissemination mechanisms important for EBP leaders. **WVN**



LINKING EVIDENCE TO ACTION

- Integrating and sustaining EBP in organizations requires attention to both individuals and organizational context to be successful.
- Persistent effective leadership is needed as an organization transforms to an EBP friendly environment.
- The EBP leader must be knowledgeable, skillful, visionary, nimble, and flexible in order to address organizational EBP needs at any time in the transformation.

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