

Clinical Expert Facilitators of Evidence-Based Practice

A Community Hospital Program

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A 1-year program for select clinical nurse experts led to increased comfort in using evidence-based practice strategies. Nurses identified specific barriers and facilitators for evidence-based practice efforts, accomplished individual goals, and saw changes in their practice roles. Results from the program and its evaluation are that staff can benefit from such an effort (4-day course with specific follow-up activities).

At St. Joseph Hospital, staff nurses reported going to nurses at the highest level of the clinical ladder for help when a clinical question arises. A significant majority of nurses identify colleagues as their preferred source for information over other sources (Cummings, Estabrooks, Midodzi, Wallin, & Hayduk, 2007; Pravikoff, Tanner, & Pierce, 2005; Thompson et al., 2001). At this Magnet-designated community hospital, clinical experts at the higher levels of the clinical ladder (Clinical Nurse [CN] III/CN IV) were thus an untapped resource in terms of initiating and implementing evidence-based nursing care.

Evidence-based practice (EBP) requires nurses to access, appraise, and integrate research literature with clinical experience and patient perspectives when making decisions. Critical in this process is a high level of information literacy and access to appropriate resources such as computerized databases, clinical practice guidelines, and available systematic reviews. However, a survey of 3,000 licensed nurses in the United States found that al-

most half of respondents were unfamiliar with the term *evidence-based practice*, and more than half had never identified a problem requiring research; 43% “sometimes,” “rarely,” or “never” read nursing journals or texts (Pravikoff et al., 2005). Furthermore, nurses report that gaining access to evidence-based information was “extremely difficult.” Thus, the attitudes and behaviors reported by staff nurses in the Pravikoff et al. (2005) study support the previously identified practice in nursing where nurses attempt to find answers to problems using person-to-person communication (Cummings et al., 2007; Thompson et al., 2001). The Pravikoff et al. study helps explain why research findings, considered the highest level of evidence, are rated at the bottom of lists of sources used by nurses (Estabrooks, 1998).

This body of evidence about how nurses seek information—in terms of how nurses usually seek answers to clinical problems—supports the need to reframe the way nurses think. If nurses whom staff normally seek out could be empowered to appropriately and expeditiously use and facilitate others to use EBP, then it is likely that EBP may be enhanced, with nurses more likely to seek evidence beyond that obtained from their peers. This rationale supported an innovative program initiated at St. Joseph Hospital. Clinical experts (CN III/IVs) were invited to participate in a program to learn to be “Facilitators of EBP.”

CONCEPTUAL FRAMEWORK

Framing the understanding of EBP is the Promoting Action on Research Implementation in Health Services model (Harvey et al., 2002; Rycroft-Malone et al., 2002), which posits that practice changes occur most readily when evidence is robust, context is friendly, and facilitation is appropriate. In EBP, facilitation means enabling the implementation of evidence into practice. The role of facilitators is highly complex and understudied (Locock, Dopson, Chambers, & Gabby, 2001).

For clinical opinion leaders to successfully facilitate the implementation of evidence into practice, they must be in control of knowledge related to the practice change and thus have some authority and influence over others, even if not formal authority. They then can act as mediators

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and translators, explaining available evidence to persons being asked to change. They also are able to adapt evidence-based clinical recommendations taking into account the local views and circumstances (context). In this way, effective facilitators generate consensus among those who are being asked to adopt a practice change (Locock et al., 2001). Facilitators must be credible and must engender the confidence of clinical colleagues.

PURPOSE

The goal for this pilot initiative was to empower clinical experts to use EBP methods and to facilitate others to use evidence in making clinical decisions. One aim was to determine whether the yearlong intervention could enhance nurses' knowledge, attitudes, and competence related to EBP as well as decrease barriers and enhance facilitators to EBP.

METHODS

Design

The study was initially designed to be a wait-list trial with nurses randomly assigned to Year 1 (study intervention) or Year 2 (wait-list group). Because there were not enough applicants to proceed with the trial, a descriptive study with Year 1 participants was done. The study was approved by the hospital institutional review board.

Sample

Eligible participants were the 65 CN IIIs and 11 CN IVs at the hospital. All eligible nurses were sent two electronic mail messages that included an invitation to participate, study information, and an application form. The study was also discussed during a hospital breakfast, and nurse managers were encouraged to discuss it with CN IIIs and IVs.

Three volunteers from the Research Council completed a blind evaluation of applications using a scoring rubric that evaluated level of knowledge/understanding of EBP, perception of ability to support staff nurses, and discussion of decision making and use of evidence. The researchers were looking for nurses who perceived that they had some competence in EBP and in working with staff nurses, as well as could coherently describe a clinical experience using evidence. All nurses accepted attended the first class. At this class, the study was explained, questions were answered, and those interested consented to join.

Intervention

The Clinical Expert Facilitators of EBP program consisted of four 6-hour days of classroom/computer laboratory work during the summer with follow-up activities throughout the year.

Resources needed for the program included the instructors (nurse researcher, advanced practice nurse familiar

with EBP, and librarian), handouts, classroom and audiovisual equipment, computer access to appropriate search engines, the Davies and Logan (2003) book, payment for participants' time, and the meals provided. Costs were not calculated for the program.

Procedures and Measures

Participants completed surveys at the first class, immediately after the final class, and at 1 year. Demographic information collected included gender, age, race/ethnicity, years in nursing, education, and work setting.

The Development of EBP survey

Developed by Gerrish et al. (2007), the 51-item Development of EBP (DEBP) survey was tested with hospital- and community-based British nurses. It demonstrated adequate construct validity. The DEBP contains five sections: base of practice knowledge, barriers to findings/reviewing evidence, barriers to changing practice based on evidence, facilitation/support in changing practice, and self-assessment skills. It was adapted for use with permission from the investigators.

The researchers report on individual items and on two subscales based on 16-item responses. Alpha coefficients indicate adequate to good internal consistency: comfort with knowledge and experience in dealing with evidence (four items in Table 2, $\alpha = .90$) and skills in finding, reviewing, and using different sources of evidence (eight items in Table 3, $\alpha = .84$).

Data Analysis

Descriptive statistics were used to describe participants' demographic characteristics and responses to individual items on the DEBP survey. Because of the small numbers, no inferential statistics were used.

RESULTS

Of 15 nurses who applied, 11 were selected for the 2008 cohort of the Clinical Expert Facilitators of EBP program, with all consenting to participate in the study. These female staff nurses were of varied ages (26–35 years old, 18%; 36–50 years old, 46%; and 51–60 years old, 36%) and experience levels (6–10 years, 36%; 11–15 years, 18%; and 16 years or more, 46%). Four reported their race/ethnicity to be Asian/Native Hawaiian/Pacific Islander; and the rest, as Caucasian. For four nurses, the highest degree in nursing was a master's, and for six, it was a baccalaureate (the 11th did not respond). Nurses represented most hospital services of care (surgical, critical care, women's health, emergency, renal, and oncology).

All 11 nurses completed the four class days, and nine completed most follow-up activities. After the classes, two nurses became ineligible for the program when they

TABLE 1 Baseline Nurse Reports of Evidence Needs and EBP Participation (*n* = 11)

	<i>M</i> (<i>SD</i>)
How often the nurse <i>needs</i> to...	
Seek out information, research, or evidence to support your nursing role	2.36 (1.03)
Search for research/evidence	2.00 (0.78)
Appraise and analyze research/evidence	2.18 (0.87)
Plan/execute an intervention by incorporating evidence into practice	2.18 (0.87)
Participate in the entirety of the EBP process	2.27 (1.01)
How often the nurse <i>participates</i> in...	
Searching for research/evidence	2.45 (0.52)
Appraising and analyzing research/evidence	3.27 (0.65)
Planning/executing an intervention by incorporating evidence into practice	2.91 (0.70)
Participating in the entirety of the EBP process	3.64 (0.51)

Note. 1 = *often* (several times weekly); 2 = *regularly* (weekly); 3 = *occasionally* (one to two times per month); 4 = *seldom* (<once per month); 5 = *never*. EBP = evidence-based practice.

changed jobs, moving into non-staff nurse positions. Of the remaining nine participants, all but two attended all postclass activities. The two who were unable to attend all activities attended most. One had time commitment issues because of enrollment in a master's program; the other took a medical leave.

Upon entry into the Clinical Experts program, only 55% of nurses reported having EBP as an integral part

of their nursing education. Participants described that they *occasionally–regularly* sought out information, research, or evidence to support their nursing role and using steps in the EBP process (see Table 1). Almost half (46%) reported that needed research findings and documentation were *not* adequately available or accessible.

Results on the DEBP survey are reported for 11 participants at baseline and immediately after the classes and for eight participants at 1 year. Perceptions of facilitators to changing practice changed over time. Nurses perceived nurse managers and administration as slightly less supportive of their changing practice than were colleagues and physicians. Between the beginning and end of the program, nurses' perceptions reported more facilitation by nurses and physicians.

Table 2 shows that clinical experts initially showed midrange levels for comfort for using EBP strategies. Overall comfort level increased by the end of classes and increased even more by year end. When asked about primary challenges in finding and using evidence, most nurses initially reported inadequate time, with fewer reporting not enough research findings, difficulty accessing literature, not knowing where to look, and difficulty understanding findings. Each challenge decreased slightly over time (not shown).

Regarding skills in finding, reviewing, and using different sources of evidence (see Table 3), participants reported increased perceptions of competence immediately after the four class days, which decreased by year end. At baseline, nurses perceived themselves, on average, to be predominately *quite skilled*; this increased to *quite skilled* or *competent* with all tasks after the classes. Then, average perceived competencies decreased to *novice/competent beginner* at the end of the program.

At follow-up meetings, participants and instructors discussed barriers and facilitators to EBP that had been encountered. Barriers included (a) poor staff instructions prior to new practice initiation (e.g., nasal swabbing for

TABLE 2 Comfort of Nurse in Using Evidence-Based Practice Processes

How Comfortable the Nurse Is With Knowledge and Experience in...	Preprogram (<i>n</i> = 11)	Immediate Postclass (<i>n</i> = 11)	End of Program Year (<i>n</i> = 8)
Searching for the best research/evidence	4.45 (1.13)	5.00 (0.63)	6.00 (0.76)
Appraising and analyzing research/evidence	4.00 (1.23)	5.09 (0.94)	5.75 (0.89)
Planning and executing an intervention by incorporating evidence into practice	4.36 (0.92)	5.09 (1.04)	5.38 (0.92)
Evaluating the process and results	3.64 (1.21)	4.36 (1.43)	5.13 (0.99)
Total comfort score	4.11 (0.99)	4.89 (0.72)	5.56 (0.68)

Note. 7 = *very comfortable* and 1 = *not at all comfortable*. Data are presented as mean (*SD*).

TABLE 3 Skills in Finding, Reviewing, and Using Different Sources of Evidence

Skills	Preprogram (n = 11)	Immediate Postclass (n = 11)	End of Program Year (n = 8)
Finding research evidence	2.72 (1.01)	3.27 (1.10)	2.25 (0.71)
Finding hospital information (policies/guidelines)	3.45 (0.93)	3.91 (0.70)	1.75 (0.89)
Using the library to locate information	2.82 (1.08)	3.45 (1.21)	2.00 (0.76)
Using the Internet to search for information	3.18 (0.75)	3.36 (1.03)	2.13 (0.64)
Reviewing research evidence	2.55 (1.13)	3.00 (1.00)	2.25 (0.71)
Reviewing hospital information	3.27 (0.79)	3.91 (0.83)	2.00 (0.76)
Using research evidence to change practice	2.45 (1.04)	3.00 (1.18)	1.88 (0.84)
Using hospital information to change practice	3.00 (1.00)	3.36 (1.03)	1.88 (0.84)
Total skills	2.93 (0.66)	3.41 (0.83)	2.02 (0.60)

Note. 1 = complete beginner; 2 = novice; 3 = quite skilled; 4 = competent; 5 = expert. Data are presented as mean (SD).

bacterial cultures), (b) problems communicating with more than 1,000 nurses, (c) projects begun with no pilot work, (d) projects initiated without stakeholder buy-in, and (e) inconsistent implementation of new practices. Participants were able to identify feasible strategies that would ameliorate these barriers in future efforts. Examples of general facilitators included obtaining paid time to search the literature and read evidence found, working in teams, using hospital resources (e.g., librarian, nurse researcher, research council members), and more formal evaluations of practice changes.

At program end, eight nurses had completed at least one personal goal. Goals tended to be practice specific or related to the new facilitation role. For example, practice-specific goals included “to implement a resource center on oncology unit for staff.” Role-specific goals included encouraging “staff to participate/attend nursing councils, research classes.” Outcomes achieved at 1 year included updating several evidence-based policies/procedures, perceptions of enhanced unit discussion about evidence, and more involvement from unit registered nurses in hospital councils. Six nurses had become involved in either new EBP efforts or nursing research projects.

DISCUSSION

Study findings document enhanced comfort but potential decreased perception of EBP skills of well-educated CN experts who participated in a yearlong hospital-based program focused on enhancing EBP facilitation skills. Perceived skills increased immediately after four class days; however, these changes were not maintained. Participants’ comfort increased while their perceived skill levels became more realistic; that is, most became more

comfortable that they were less than competent or expert in a particular skill. Clinical experts used the Nursing Research Office as a resource during and after the program and reported ongoing consultation with hospital librarians. In a final communication at year end, almost all clinical experts mentioned feeling more and more comfortable in their roles as clinical expert facilitators of EBP. Although most participants did not have EBP incorporated into their job descriptions, one nurse became the ad hoc EBP nurse in the critical care unit and was consulting with other nurses interested in EBP efforts.

These findings resemble those from community-based programs using the Clinical Scholar Model that uses trained bedside nursing staff as EBP mentors (Brewer, Brewer, & Schultz, 2009; Strout, Lancaster, & Schultz, 2009). Real barriers exist to participation of staff nurses who may intermittently attend these programs because of scheduling conflicts, staffing conflicts, and changes in role. However, there can be tangible outcomes such as changes in requirements for ambulatory patient discharge (Strout et al., 2009), changes in policies and procedures (Long, Burkett, & McGee, 2009), and changes in specific nursing practices (Honess, Gallant, & Keane, 2009).

IMPLICATIONS/RECOMMENDATIONS

Findings support targeted education in EBP to clinical staff nurse experts to enhance use of evidence in community hospitals where advanced practice nurses are scarce. Program success requires adequate instructional resources, monetary support of nurses in the program, appropriate access to computerized resources and instruction, and hospital administration and nurse manager

support. Clinical experts need time for program activity involvement and continued encouragement in this new role.

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