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A STUDY OF IMPLEMENTING NURSING PRACTICE CHANGE BASED ON EVIDENCED BASED PRACTICE.

By
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A DISSERTATION IN PRACTICE

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Abstract

This Dissertation in Practice (DIP) study investigates the ability of nursing leaders to effectively implement evidenced-based practice (EBP) change on their unit. The study sought to answer the question what of lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements. A phenomenological qualitative study was performed at Methodist Jennie Edmundson Hospital (MJEH) to explore the experiences of the nurse leader in implementing EBP change specific to the stroke center designated units. Nurse leaders were interviewed using an in-depth and focused group interview process concentrating on implementing EBP change. The interview process revealed themes of communication; number of EBP changes; advanced education; a two-step process for implementing EBP change; patient outcomes and safe practice; and a formal direction for EBP change and implementation. Based on these results it is recommended that a formalized six-step process for implementing EBP change is adopted by the organization. Examination of the results of the study may assist nurse leaders and organizations to develop a cohesive process when implementing EBP change.

Keywords: leadership, Evidenced Based Practice (EBP), nursing
Dedication

I would like to thank God for the many blessings bestowed upon my family and husband, Donnie Pierce. Donnie, you are my true and only partner in life; your faith in me sustains me through every challenge. I would also like to thank my sons Cameron, Wade and my daughter in law Emily for providing me ongoing support. Faith and family are very important during this process. I am grateful to God for both!
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CHAPTER ONE: INTRODUCTION

Healthcare is in a constant flux of change as EBP guides medical advancements and breakthroughs. EBP requirements and policy changes associated with these place added stress on nursing staff and may impact delivery of care to patients (Melnyk, Fineout-Overholt, Gallegier-Ford & Stillwell, 2011; Govier & Nash, 2009). The role of nursing leadership is to implement the EBP change and motivate nursing staff to adapt to the changes with confidence (Govier & Nash, 2009). A thoughtful nursing leader is aware when implementing EBP change. The nurse leader is faced with two options; meet EBP change head on or organize a plan to assist in decreasing resistance (Govier & Nash, 2009). The nursing leader is routinely faced with motivating nursing staff when implementing change. An organized plan allows nursing staff to feel more secure and stable during the implementation phase. It takes a specific type of nursing leader to be able to effectively lead nursing staff towards EBP changes as medical advancements and breakthroughs occur at a rapid pace (Govier & Nash, 2009).

There are several leadership styles that may enhance EBP change. For example, transactional and transformational leadership approaches may be particularly useful, and in a holistic sense, mindfulness may also be helpful. A literature review revealed transformational leadership is the most desired in healthcare (Hendrick, Brennan & Monturo, 2016; Kennedy & Jury, 2016; Manning, 2016; Pipe, FitzPatrick, Doucette, Cotton, & Arnow, 2016; Govier & Nash, 2009; Parsons & Stonestreet, 2003). Nursing staff who are led by a transformational nurse leader report finding motivation with an increase in performance, higher job satisfaction scores and less reported burnout (Govier & Nash, 2009). The transformational nurse leader motivates and transforms nursing staff
utilizing the art of nursing by connecting with the heart, body and soul of nursing staff (Govier & Nash, 2009). Several studies have also linked the transformational nurse leader with retention of nursing staff (Kennedy & Jury, 2016; Manning, 2016; Hendrick et al., 2016; Parson & Stonestreet, 2003). Hendrick et al., (2016) and Govier & Nash (2009) identify a successful transformational nurse leader by their ability to develop and maintain a healthy work environment that attracts and retains nursing staff, allowing the nurse staff to provide quality EBP care to the patient as medical advancements occur. The challenge with EBP change is engaging nursing staff.

When faced with change there are several ways nursing staff can react. Usually, nursing staff are placed in one of two categories: reactive or proactive (Govier & Nash, 2009). The reactive nursing staff typically fights EBP change while the proactive nursing staffs tend to work on finding a solution to assist in implementation (Govier & Nash, 2009). The transformational nurse leader is integral in helping nursing staff to achieve a proactive stance when it comes to the implementation of EBP (Melnyk et al., 2011 and Govier & Nash, 2009). EBP is important in medicine as it drives safe, quality patient care while achieving the intended outcomes with the assistance and support of validated research (Melnyk et al., 2011). Understanding that healthcare is in a constant flux of change as medical advancements and breakthroughs occur is important in implementing EBP changes that will match intended outcomes. Nursing staff are the frontline defense in making sure this occurs (Melnyk et al., 2011).

**Statement of the Problem**

This phenomenological study explores the experiences of the nurse leader in effectively implementing EBP change due to medical advancements. Nurse leaders were
interviewed regarding their lived experiences in implementing EBP changes with their staff. The results of this study may be used to affect positive EBP change in the implementation process.

**Purpose of the Study**

The purpose of this phenomenological study was to explore the experiences of the nurse leader in implementing EBP change due to medical advancements.

**Research Question**

What are the lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements?

**Aim of the Study**

The results of this study may be used to enhance an educational curriculum for training the nurse leader in implementing EBP changes.

**Proposed Methodology**

This phenomenological study returns to the original question of how nurse leaders effectively implement EBP change due to medical advancements. A study was performed at Methodist Jennie Edmundson Hospital (MJEH) in Council Bluffs, Iowa; a community hospital serving Council Bluffs and the surrounding southwestern Iowa towns. It is classified as having a Level II nursery and Level III Emergency Department. MJEH has strived to reach Joint Commission disease specific certification for the stroke patient to provide the best EBP available. MJEH reached the goal of being a Primary designated stroke center in 2012.

American Heart Association/American Stroke Association (AHA/ASA) provides EBP guidelines and standards all designated stroke centers must follow to maintain
certification (Smith, Kent, Bulsara, Leung, Liehtman, Reeves, Towfighi, Whiteley & Zahuranec, 2018). These guidelines drive the care of the stroke patient. Assessing the stroke patient for dysphagia or difficulty swallowing without aspiration is considered a routine part of stroke care (Donovan, Daniels, Edmiaston, Weinhardt, Summers & Mitchell, 2013). Prior to December 20, 2017; MJEH was relying on non-validated swallow screen test to determine dysphagia in the stroke patient contradicting the AHA/ASA EBP guidelines (Donovan, et al., 2013). The AHA/ASA developed guidelines hold Primary designated stroke centers accountable for utilizing a validated swallow screen tool for all newly admitted stroke patients (Donovan, et al., 2013). Dysphagia is the number one cause of aspiration in the stroke patient which may result in secondary issues such as a diagnosis of aspiration pneumonia; an increased length of stay; or even death (Donovan, et al., 2013). It is important to assess the stroke patient with a validated swallow screen tool to help prevent aspiration (Donovan, et al., 2013).

MJEH chose to implement the Massachusetts General Hospital Swallow Screening Tool (MGH-SST) which is approved by the AHA/ASA as a validated EBP tool (Donovan, et al., 2013). The nurse leader ensured Registered Nurse (RN) staff had proper education before implementing the MGH-SST on designated stroke units (3AB & ICU).

A phenomenological study was chosen to focus on the lived experiences of the nurse leader (Creswell, 2013). Analyzing the lived experiences of the nurse leader allows the researcher to develop themes for further study (Creswell, 2013). This study focused on the nurse leaders’ ability to educate, implement and sustain usage of the MGH-SST on designated stroke units at MJEH. Four directors, three managers, one stroke coordinator,
three education coordinators, Vice President of Quality and one CNO met the criteria to be interviewed. An unstructured interview was used to delve into each nurse leader perspective regarding how effectively implementation of EBP change in this case the MGH-SST, impacted the stroke patient at MJEH (Davidsen, 2012). A phenomenological approach allowed the nurse leader to share the lived experience of implementing the MGH-SST at MJEH. Implementation included developing education to include the rollout and determine perceived effectiveness in sustaining the MGH-SST. Common themes help to identify and establish a clearer understanding of how EBP change occurs in the nursing leader environment (Davidsen, 2012).

**Definition of Relevant Terms**

*Competency:* Ability to perform task or role as defined by reaching or exceeding a scientific EBP guideline that achieved the intended outcomes (Chinn & Kramer, 2004).

*Evidenced-based practice (EBP):* A combination of research; data; expertise and patient input that provides a Gold standard of health care utilizing a problem-solving approach (Melnyk et al., 2011).

*Leadership:* Person influences staff to achieve a common goal (Northouse, 2016).

*Nurse leaders:* People who are engaged in leadership (Northouse, 2016).

*Meaningful:* to have a purpose (Hatch & Cunliffe, 2006).

*Perception:* nurse leader or staff nurse’s personal understanding or way of thinking about a specific topic.

*Perceived Effectiveness:* nurse leader or staff nurse achieves the desired goal, to determine how they self-rated their ability to implement evidenced-based practice change to the
nursing staff and nursing staff to determine how they self-rated the education received in understanding the evidenced-based practice change.

**Perceived Preparedness:** Achieving the desired goal, confident in implementing EBP change

**Readiness:** A state of preparedness that allows the nurse leader or staff nurse to carry out the expected role and function

**Staff nurse:** the persons whom leadership is guiding or directing (Northouse, 2016).

**Self-rated preparedness:** use of a standard Likert scale to measure how the nurse manager or staff nurse self-rated their ability to implement EBP change

**Validation:** the idea or theory is vetted to show ability to reach intended outcomes and goals. Profession values the idea or theory; adapts it into practice (Chinn & Kramer, 2004)

**Limitations**

This phenomenological study took place at a single hospital location and included a small sample size which limited the ability to generalize data collection to other hospitals. There was a narrow focus using only one EBP change for this study, the MGH-SST, excluding several other EBP changes occurring simultaneously with this study.

**Delimitations**

Identified delimitations strengthen the phenomenological study as they guard against bias (Creswell, 2013). The major unit of delimitation recognized in this phenomenological study was my own personal experience as stroke coordinator for MJEH.

As the stroke coordinator, I was involved in meetings resulting in selecting and implementing the MGH-SST into the stroke program. Prior access to this information
could influence the nurse leader interview questions and show bias towards personal experiences in the implementation process. In order to control the bias a constant self-awareness and reliance on the dissertation committee members to review the interview questions and direction of the phenomenological study was necessary. Openness to revisions and new directions of the phenomenological study were important to embrace to ensure bias was kept at bay.

**The Role of Leadership in this Study**

This study gives insight to lived experiences of the nurse leader who has experienced and implemented EBP change due to medical advancements. The experiences of the nurse leader may expose trends related to leadership theories. The evidence may assist in understanding how certain leadership styles are effective in implementing EBP change.

**Significance of the Dissertation in Practice Study**

This phenomenological study is important in understanding how nurse leaders effectively implemented EBP change while keeping in pace with medical advancements. Examining the results of the study may assist the nurse leader in developing and implementing an EBP change. The detection of more extensive changes to the nurse leader role in implementing EBP change with medical advancements is not out of the realm of this study and may lead to further discovery.
Summary

This phenomenological study explores the lived experiences of the nurse leader implementing EBP change due to medical advancements. This study focused on the stroke patient population and an appreciation of EBP change in action through the implementation of the MGH-SST adopted by MJEH. It is important to understand how EBP change can influence leadership. There are several components that are implemented when making EBP change a success. Therefore, an overview of the literature on the topic of EBP change and leadership is necessary to understand the nurse leaders lived experiences during an EBP change.
CHAPTER TWO: LITERATURE REVIEW

This scholarly literature review explores what EBP change is; how EBP change affects the staff nurse and patient; and the nurse leader role. Information collected from the literature review and applied to this study help to explore the lived experiences of the nurse leader who has experienced and implemented EBP change due to medical advancements. Implementing EBP change due to medical advancements has been an important topic since the 1990’s (Porter-O’Grady & Malloch, 2018). There are many individual components that drive the nurse leader to consider the impact medical advancements and EBP change will have on their unit. Medical advancements continue to evolve which requires the staff nurse to keep up with the rapid pace of EBP change.

Defining EBP

Evidence Based Practice is a combination of professional knowledge supported by patient data and clinical research based on evidence that results in best practice and best patient outcomes (Stevens, 2013; Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; Rosswurm, & Larrabee, 1999). EBP raises the goal of nursing practice from only caring for a patient to focusing on providing a positive patient experience in the healthcare setting while achieving positive patient outcomes (Chipps, Nash, Buck, & Vermillion, 2017). The nurse leader and nursing staff realize the adoption of EBP is an expectation of the organization to achieve best practice and meet outcome standards (Stevens, 2013; Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; Rosswurm, & Larrabee, 1999). Incorporating EBP into organization policy guides the staff nurse to practice in a uniform approach avoiding variations, producing best practice and resulting in positive patient outcomes (Stevens, 2013; Melnyk, Fineout-Overholt,
Gallagher-Ford, & Stillwell, 2011; Rosswurm, & Larrabee, 1999). EBP does not support cookie cutter medicine by taking away the ability for the physician or staff nurse to treat the patient as they see fit (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

**Evidenced-Based Practice**

Some nurses are leery of EBP. Resistance to EBP may be seen in daily practice among nurses and various other health care professionals who become comfortable with their practice of doing things a certain way. This can make it difficult for those who advocate for EBP (Trinsey, 2016). Some staff nurses’ question EBP in the following areas: the focus and importance placed on research and lack of individualized nursing practice to better meet the needs of each individual patient (Trinsey, 2016). These questions show a lack of understanding and misconceptions about what EBP is and how it can advance nursing practice. EBP is actually a scientific way to problem-solve facilitating the best clinical decisions (Trinsey, 2016). The MJEH stroke program coordinator realized the current swallow screen performed on stroke patients needed to be updated. EBP was used to determine the best practice for performing a swallow screen on stroke patients. The AHA/ASA have identified various validated swallow screens for stroke patients. The MGH-SST is the most used swallow screen tool by identified stroke facilities (Smith, E., Kent, D., Bulsara, K., Leung, L., Lichtman, J., Reeves, M., Towfighi, A., Whiteley, W., & Zahuranec, D., 2018) The MGH-SST was determined to be the best validated swallow screen tool for stroke patients at MJEH. This is an example of EBP knowledge realized and nursing practice altered to meet new standards. The nurse leader then reflects on the learned EBP information from the nursing staff and patient to continually plan and maintain sustainability (Williams, 2015). EBP performance
improvement projects are implemented to promote efficient patient-centered care while keeping costs contained (Sherrod & Goda, 2016). EBP drives patient-centered care and ultimately reimbursement for the facility (Williams, 2015).

**EBP Steps**

There are six formalized steps to reach EBP change. Clinical inquiry starts the process with asking the question “what is best practice?” (Mick, 2017). The question should be meaningful to the staff nurse assisting with ownership, improve practice and ultimately achieve desired patient outcomes (Briggs, Hawrylack, Mooney, Papanicolas & Taylor, 2017). The second step is to gather evidence that is professionally based utilizing empirical, ethical and staff nurse identified evidence (Mick, 2017). Staff nurse practice and identification of areas for improvement provide the evidence needed to support EBP inquiry and possible change (Briggs, Hawrylack, Mooney, Papanicolas & Taylor, 2017). The third step called appraisal step outlines all supporting sources of information utilized to map out nursing practice (Mick, 2017). The fourth step requires taking action through the use of a quality improvement project or research study to establish if the new interventions will meet the desired EBP outcomes (Mick, 2017). The goal is to streamline the EBP workflow (Briggs, Hawrylack, Mooney, Papanicolas & Taylor, 2017). The fifth step involves a recommendation for EBP change (Mick, 2017). The last step is disseminating education to the staff nurse so that EBP can become an established part of nursing practice (Mick, 2017). It is important to engage the staff nurse with updates and progression of EBP change (Briggs, Hawrylack, Mooney, Papanicolas & Taylor, 2017).

**Lewin Change Theory.** Providing support and empowerment to the staff nurse and engaging them in rolling out change is important in having successful EBP change
(Bower, 2011). The longest standing approach to change is Lewin’s change theory (Hatch & Cunliffe, 2006). Lewin’s change theory is the most commonly followed one when implementing change in the health care setting (Roussel & Swansburg, 2013; Bower, 2011). Lewin change theory utilizes a behavioral approach to change which involves three distinct stages: unfreezing, moving stage and refreezing (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). Nursing staff who do not gain ownership in the change process tend to return to old practices (Bower, 2011). Lewin focused on managing change bringing about the desired outcomes (Hatch & Cunliffe, 2006). Change only lasts as long as the nurse leader continues to drive it (Bower, 2011). The unfreezing stage starts when the nurse leader redirects resistance to EBP change to achieve the moving stage (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). The moving stage is the final stage. It focuses on a well-developed EBP plan that validates the need for change to occur so as to achieve the desired direction and goals (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011).

Change may be sustained if the staff nurse identifies with the EBP change; values the new practice guidelines and have a validated approach to change (Bower, 2011). Moving stage is best accepted by the nursing staff that: examine the suggested EBP change; have time to accept EBP change and are ready to implement EBP change into their practice (Roussel & Swansburg, 2013; Bower, 2011). Refreezing is the ability to adopt EBP change and sustain it until it becomes part of the culture (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). Change tends to fail in healthcare because staff nurses are not allowed adequate time to implement a new EBP change before the next change is not only requested but implemented (Bower, 2011).
Nurse Leader and Responsibility

The nurse leader holds a demanding 24/7 role that challenges work life balance (Goodyear & Goodyear, 2018; Dunham-Taylor, 2015). Only 12-16% of staff nurses aspire to become a nurse leader (Dunham-Taylor, 2015). The nurse leader role is complex. The nurse leader is responsible for many components on their unit such as but not limited to: ensuring EBP is maintained; providing safe staffing ratios; keeping within budget guidelines; ensuring competency of nursing staff on the unit; and providing nursing staff with a healthy, positive work environment (Goodyear & Goodyear, 2018; Porter-O’Grady & Malloch, 2018; Strickler, Bohling, Kneis, O’Connor, & Yee, 2016). Many nurse leaders spend the majority of their time working on the unit budget while continuing to be involved in direct patient care and being knowledgeable of the staff nurse role (Durham-Taylor, 2015). A list of matrixes such as patient flow, cost containment, readmission reduction outcomes and nursing staff satisfaction keep the nurse leader focused each day (Holle & Rudolph, 2018).

The nurse leader with tunnel vision focusing on tasks may tend to miss the importance of developing a personal relationship and engaging nursing staff in meaningful communication (Hennrick, Brennan & Monturo, 2016). A nurse leader is responsible for understanding the staff nurse workload so as not to overload them with too many EBP changes at one time (Prichard, 2017). When implementing a working strategy, it is important for the nurse leader to keep the nursing staff updated on goals and deadlines (Prichard, 2017). Nursing staff fear change due to the anticipated increase in work and time that is already stretched (Kerzner, 2013). The nurse leader is responsible to communicate clearly all new EBP change, change in policy and/or practice along with
the impact change will have on the staff nurse’s workload (Kerzner, 2013). Nurse leaders must make the case as to why and how EBP change will better the workflow and provide patients with better care and outcomes (Kerzner, 2013). Communicating expectations as a leader is important to success. One responsibility of the nurse leader is to communicate clearly and hold the staff nurse accountable to their job responsibilities and requirements (Prichard, 2017). Communicating the plan for EBP change and being realistic is the best way to guide nursing staff (Prichard, 2017). Communication keeps nursing staff apprised of the goal and allows the nurse leader to direct staff (Prichard, 2017).

A simple plan to implement change is to clearly communicate the need for EBP change; ensuring the rational and outcomes are clearly stated; allowing the nursing staff to share their thoughts regarding the proposed EBP change; identify and empowering champion(s) to help implement the EBP change; and investing time and resources necessary to train the nursing staff for the EBP change (Kerzner, 2013).

Professional nurses are expected to take personal accountability and provide competent nursing care to the patient (Strickler, Bohling, Kneis, O’Connor, & Yee, 2016). Prichard (2017) recognized the need for nurse leaders to communicate and hold nursing staff accountable to their basic responsibilities; encouraging the staff nurse to feel ownership and take pride of the nursing unit. Staff nurses have basic responsibilities such as being accountable for own behaviors; coming to work on time; work until end of shift; complete all mandatory duties and tasks; and work toward obtaining the goals of the nursing unit and organization (Prichard, 2017).

As part of healthcare reform pay-for-performance, there was a push in 2000 to transform nursing practice utilizing EBP change to obtain nurse sensitive patient
outcomes (Mick, 2017). It was not until 2003 that EBP changes started to make an impact on the way staff nurses practiced nursing at the bedside (Mick, 2017). The nurse leader responsibility continues with managing the unit within guidelines set through pay-for-performance; Medicare Diagnosis-Related Groups (DRG’s), Managed –Care Parameters and Valued-Based Purchasing (Holle & Rudolph, 2018; Prichard, 2017; Mick, 2017). Nurse leaders strive to keep nursing staff patient focused while achieving mandated and regulated benchmarks (Goodyear & Goodyear, 2018).

Today, healthcare organizations are measured based upon quality improvement outcomes and patient satisfaction (Goldsack, Chem, Mascioli, Sonnad & Mascioli, 2017). Research has revealed healthcare is being individualized though a partnership established between the medical team, hospital and patient. Initial engagement in this partnership starts for most patients when they enter the hospital with a focus on quality care and meeting safety measures (Goldsack, Chem, Mascioli, Sonnad & Mascioli, 2017). Governing bodies such as The Joint Commission and American Nurses Association understand a positive work environment will led to utilization of EBP change; substantial increase in quality care, safe nursing practice and improved patient outcomes (Raso, 2016). Patients and their family rely on the nurse leader to improve upon the patient experience by providing excellent customer service and being fiscally responsible to keep healthcare costs down on their unit (Sherrod & Goda, 2016).

**Valued-Based Purchasing**

Valued-Based Purchasing has changed the landscape of healthcare outcomes including cost. Valued-Based Purchasing places monetary penalties on hospitals that have issues with metrics such as but not limited to: readmission, patient complications,
nosocomial infections and/or errors that occur during the patient’s hospital visit (Sherrod & Goda, 2016). The responsibility of the nurse leader expands as EBP performance improvement projects are identified on the unit that assist in keeping penalties from Valued-Based Purchasing in check (Sherrod & Goda, 2016). A strong relationship exists between high patient satisfaction scores and the implementation of EBP performance improvement projects based on quality safe patient outcomes (Sherrod & Goda, 2016).

Nurse leaders are being asked to make significant practice changes by implementing value-driven health care services (Porter-O’Grady & Malloch, 2018). Value-driven health care services are hinged on the following: engaging with the patient early on; working with patients to attain the highest level of wellness possible; encourage patients to embrace and implement prevention strategies; and designing a health plan for the patient that is all encompassing (Porter-O’Grady & Malloch, 2018). Nurse leaders must develop a workable vision and communicate it in an electrifying manner to engage nursing staff (Porter-O’Grady & Malloch, 2018). The nurse leader who guides nursing staff in developing an organizational vision of care will have results that achieve the desired outcomes (Holle & Rudolph, 2018).

**Nurse Leaders Working Environment**

The culture of the nursing unit drives positive nurse sensitive patient outcomes or adverse effects due to the nurse perception, autonomy and ability to collaborate on their unit (Hahtela, McCormack, Doran, Paavilainen, Slater, Helminen & Suominen, 2017). A transparent work environment that is open to questions regarding current nursing practice and assists the staff nurse to practice in an EBP culture (Mick, 2017). The nurse leader is responsible to teach nursing staff to understand the value of providing EBP to supply
quality and safe patient care (Holle & Rudolph, 2018). Education for the staff nurse should focus on patient specific risk factors; how to properly perform an admission assessment to include a discharge plan; medication management and cares provided by ancillary staff (Holle & Rudolph, 2018). The staff nurse expectation of the nursing leader is to be inspiring, adaptive, innovative, engaging as well as focused on patient centered care and EBP performance improvement projects (Sherrod & Goda, 2016).

The new staff nurse will learn nurse practice expectations through the orientation process, their preceptor, nurse residency, and reflection on their own practice as they reach proficiency on the unit they are currently practicing (Mick, 2017). The staff nurse will pull from past education, learned processes from experienced nurses and real-life experiences to make decisions on their nursing practice sometimes ignoring EBP (Mick, 2017; Strickler, Bohling, Kneis, O’Connor, & Yee, 2016). Educating nursing staff on identifying EBP performance issues generally is accomplished through the use of remediation (Strickler, Bohling, Kneis, O’Connor, & Yee, 2016). In-service is another method of educating nursing staff on EBP but is not considered as effective as remediation or routine and ongoing education. Routine and ongoing education has been found to be the best education method to develop nursing staff competency and understanding of EBP (Strickler, Bohling, Kneis, O’Connor, & Yee, 2016). A staff nurse will utilize several skill sets such as hospital-based education, traditions in nursing and ultimately personal choice to implement the appropriate EBP intervention for the patient (Mick, 2017). EBP change can be successful by identifying champions that would attend conferences and participate in attending continuing education and workshops and an EBP research committee (Mick, 2017).
The staff nurse understands the medical work environment is in a flux of change due to technology advancement, government policies and medical innovations (Bowers, 2011). Through all the change, it is expected that the staff nurse will provide EBP quality care and obtain outcomes to match (Bowers, 2011). The expectation of the nurse leader is to assist in decreasing resistance to change (Bowers, 2011). Resistance to change comes when nursing staff are comfortable with the current work environment (Kerzner, 2013). Nursing staff need the guidance of the nurse leader to understand how to accept and embrace new EBP change into their own daily practice (Bowers, 2011).

Change management results in a culture of change that the nurse leader is routinely seeking to develop on their unit (Kerzner, 2013). Following a plan to implement EBP change is important for the nurse leader seeking a successful and sustainable EBP change on their unit (Kerzner, 2013). Nursing staff are constantly dealing with and frustrated with EBP change that may or may not be sustained (Kerzner, 2013). The nurse leader is challenged to develop and provide a culture of sustainable change; to support nursing staff in being successful (Kerzner, 2013). Two components can be linked that guide the nurse leader in the developing a positive work environment through the implementation of EBP change. The first component for discussion is a Relationship-Based Care (RBC) model that drives caring practice by the staff nurse and nurse leader (Raso, 2016). The patient and patient’s family develop a relationship with the nurse who is practicing in a caring way (Raso, 2016). The results of RBC model on organizations that have adopted it include positive patient outcomes; use of EBP and a positive work environment (Raso, 2016). The second and perhaps the most widely expected nursing leader role is to maintain healthcare reform; which drives the desired healthcare model.
The role of nurse leader is to ensure the healthcare model is followed on their unit (Sherrod & Goda, 2016). At the start of healthcare reform, a health care model known as Triple Aim became the gold standard for all organizations (Raso, 2016). Triple Aim health care model has a focus of improved health, enhanced patient experience and cost containment (Raso, 2016). In 2015, Triple Aim was upgraded to include a new addition, positive work environment, and was renamed Quadruple Aim (Raso, 2016). Building a culture that supports the quadruple aim health care model is one goal a nurse leader strives to meet.

Maslow’s hierarchy of needs can be used to explain what areas nursing staff need fulfilled before they are open to be led (Raso, 2016). Nursing staff seek out basic needs such as fair and equitable monetary and benefit compensation packages; adequate rest breaks and available resources to provide care for the patient (Raso, 2016). Engagement does not occur until higher levels of needs are met such as emotional involvement through being part of decision making to reach excellence thus allowing nursing staff to be accepted as an integral part of the work environment (Raso, 2016). Raso (2016) reports engagement of nursing staff leads to a 225% increase in productivity as compared to nursing staff that remain at the basic needs level where only 71% productivity was obtained. Engagement of the millennial work force is a challenge with a commitment to work rating of 28.5% (Raso, 2016).

**Nursing Leadership Style**

Choosing a leadership style is important in developing a positive work environment and nurse job satisfaction (Hennrick, Brennan & Monturo, 2016). The leadership style will guide the overall goal of retention and sustaining nursing staff while
providing RBC caring practice and EBP quality care (Hennrick, Brennan & Monturo, 2016; Rasco, 2016). Relationships between the nurse staff member and nursing leader are very important in achieving the set goal (Hennrick, Brennan & Monturo, 2016).

Evidence based management (EBM) is a newly investigated topic in research and thus far has yielded a connection in aiding the nurse leader in understanding: the need for an improved working environment; decreased turnover rates; and the implementation of EBP changes to meet the organizations goal (Shingler-Nace & Zedreck Gonzalez, 2017). EBM can be used by the nurse leader to support decisions, initiate quality improvement projects and respond to outcomes in a way that will be positive for the work environment (Shingler-Nace & Zedreck Gonzalez, 2017). EBM serves as a source of validation for nurse leaders’ decisions (Shingler-Nace & Zedreck Gonzalez, 2017). EBM guides nurse leaders by utilizing the same language and following the same pathways when implementing change and solving issues (Shingler-Nace & Zedreck Gonzalez, 2017).

Nurse leaders want the best EBP to occur on their units (Shingler-Nace & Zedreck Gonzalez, 2017). Research supports the connection between workplace culture and patient care. However, linking workplace culture influences nurse sensitive patient outcomes is another matter (Hahtela, McCormack, Doran, Paavilainen, Slater, Helminen & Suominen, 2017).

**Leadership roles: during periods of change.** Adopting the right leadership styles is important when leading others (Northouse, 2016). Mindfulness leadership is a newly developed style of leadership; one of the expectations involving mindfulness leadership is the ability to take the issues of today and use them to propel change for the future (Pipe, FitzPatrick, Doucette, Cotton, & Arnow, 2016). Energy is placed on what
can be not what was; ‘That is the way we do it or have done it’ is gone from the staff nurse vocabulary as the future becomes the focus (Pipe, FitzPatrick, Doucette, Cotton, & Arnow, 2016). Change is difficult for the staff nurse. Change may elicit the emotional response of uncertainty, causing nursing staff to question their purpose (Bowers, 2011). This type of leadership may not be adequate on its own to elicit EBP change (Pipe, FitzPatrick, Doucette, Cotton, & Arnow, 2016). Transactional leadership may work for EBP change (Northouse, 2016).

Transactional leadership is based on leading by exception and conditional rewards (Hennrick, Brennan & Monturo, 2016; Northouse, 2016). Some of the characteristics found in the transactional leader include making rewards contingent on desired behavior and managing the staff nurse by exception (Dunham-Taylor, 2015). The transactional nurse leader deals mainly with negative outcomes while providing rewards for positive outcomes (Hennrick, Brennan & Monturo, 2016; Northouse, 2016). Not all nursing staffs are motivated by this style of leadership. It has been utilized in the past by medical organizations however it has not been found to be as effective as transformational leadership (Hennrick, Brennan & Monturo, 2016).

The transformational leader focuses on people and is focused on building relationships; while being visible and accessible to nursing staff (Hennrick, Brennan & Monturo, 2016; Northouse, 2016). Transformational nurse leaders possess qualities such as being an effective communicator, engaged, motivational, and an advocate for the nursing staff (Shingler-Nace & Zedreck Gonzalez, 2017; Durham-Taylor, 2015). The transformational leader is also considered honest and transparent (Porter-O’Grady & Malloch, 2018). Staff nurse issues, needs, emotions and goals are some of the
transformational leader’s concern when trying to develop the staff nurse (Northouse, 2016). Transformational leadership has been associated with bringing together EBP change and an increase in staff retention rates resulting in better patient safety outcomes (Hennrick, Brennan & Monturo, 2016; Durham-Taylor, 2015). Nursing staff who are led by a transformational leader are considered to be committed to the organization and assist in maintaining a positive work environment producing an overall positive nurse job satisfaction ranking (Hennrick, Brennan & Monturo, 2016; Hennrick, Brennan & Monturo, 2016; Durham-Taylor, 2015). Research reveals a correlation between a positive work environment and providing a transformational leadership style to initiate EBP change. The transformational leader is able to sustain scores in patient satisfaction and nurse retention (Shingler-Nace & Zedreck Gonzalez, 2017; Hennrick, Brennan & Monturo, 2016; Durham-Taylor, 2015). The transformational leader achieves change by encouraging the culture to fit the unit or organizations vision (Northouse, 2016). In healthcare, the transformational leadership style is most desired due to guiding nursing staff in reaching their fullest potential effectively (Dunham-Taylor, 2015; Shingler-Nace & Zedreck Gonzalez, 2017). Teams are built on teamwork transcending from leaders with transformational leadership skills (Dunham-Taylor, 2015).

**Summary**

Finding a clear definition of EBP can be challenging. EBP is a blend of professional knowledge reinforced with research and data that drives change in practice. EBP represents the scientific way of providing best practice. Healthcare professionals may resist implementing EBP without proper guidance. The nurse leader role is key in guiding nursing staff towards embracing EBP. There are logical steps nurse leaders may
implement to guide staff in achieving EBP change and sustainability with the help of adopting Lewin’s change theory. Nurse leaders are charged with developing a work environment that coincides with guidelines put into place such as EBP and Valued-Based Purchasing. All of these influence the landscape of healthcare. Nurse leaders are challenged with choosing the right leadership style to achieve the organizational goals. A transformational nurse leader tends to have the best outcomes when implementing and sustaining EBP change. Chapter three will address the phenomenological qualitative approach used in the implementation of EBP related to the MGH-SST at MJEH.
CHAPTER THREE: METHODOLOGY

This chapter will examine the research question; research design; participants; data collection tools; data collection procedures; and ethical considerations. This study examined the experiences of the nurse leader in implementing EBP change due to medical advancements. Phenomenology is the combination of philosophy and research to study subjects’ lived experiences that capture the participant perspective (Hasa, 2017). The intent of the researcher in this phenomenology study was to give an accurate and true account of the experience of implementing EBP change by producing insights with no pre-conceived ideas (Groenewald, 2004). It allows the nurse researcher to incorporate the art of nursing; lived experiences of the nurse leader; and interactions with EBP change (Groenewald, 2004; Lopez & Willis, 2004). The profession of Nursing recognizes key nursing theorist; Parse, Paterson, Zderad and Watson, as providing the philosophical base for a phenomenological study approach (Burns, Grove & Gray, 2013; Creswell, 2013). Exploring how the nurse leader dealt with the implementation of EBP due to medical advancements supports the use of the phenomenological approach in this study.

The study of phenomenology explores a single experience and interpretation of the participant (Hasa, 2017). Phenomenological studies are not known to provide a prescribed technique or method (Fusch & Ness, 2015; Groenewald, 2004). In this study the researcher used two phenomenological interview approaches while focusing on the nurse leader (Lopez & Willis, 2004).

The first experience for the nurse leader involved an in-depth individual interview. A narrative account of the nurse leader responses during the individual interview process described the nurse leader experience regarding EBP change (Fusch &
Ness, 2015; Lopez & Willis, 2004). The second experience resulted in a focus group interview with the nurse leaders involved in the in-depth individual interview. The focus group interview dialogue was flexible and semi-structured in order to obtain multiple perspectives regarding the experiences of the nurse leaders when implementing EBP change due to medical advancements (Fusch & Ness, 2015). A narrative account of the nurse leader’s responses described the group perspective regarding EBP change (Fusch & Ness, 2015). The in-depth interview and focus group interview questions were semi-structured to be uniform that data saturation could be obtained (Fusch & Ness, 2015).

**Research Question**

This study sought out to answer the research question: what are lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements? The purpose of this phenomenological study is to explore the experiences of the nurse leader implementing EBP change due to medical advancements. An in-depth interview of the nurse leader and a focus group interview with nurse leaders followed by a narrative account of the nurse leader responses during both interview processes described the nurse leader experience regarding EBP change (Fusch & Ness, 2015; Lopez & Willis, 2004). Hospital size, specific patient population, resources available, uniform education development and individual variables such as gender, age, education and years of experience as a nurse leader; length of time involved with the stroke program on the unit were addressed in the individual interview and taken into consideration.

**In-depth interview.** The researcher provided time for a response along with the ability of the nurse leader to expand on thoughts related to implementing EBP change during the
in-depth individual interview. The researcher followed up in the in-depth semi-structured interview including spontaneous questions that were designed to expand on the discussion.

The following questions were utilized to initiate the in-depth- semi-structured interview in this study:

1. What is a typical day like on your unit?
2. Tell me about a time when you were asked to make changes in nursing practice.
3. Tell me how you are educated in EBP.
4. Tell me about a time when you were asked to implement EBP change.
5. Typically, how is EBP change implemented on your unit?
6. What value, if any, has been derived from the implementation of EBP change to your unit?

**Focus group interview.** The researcher facilitated the focus group interview allowing for discussion, responses and thoughts to be expanded upon related to implementing EBP change (Fusch & Ness, 2015). The researcher followed up in the focus group interview with semi-structured and spontaneous questions designed to expand on the discussion. The following questions were utilized to initiate the focus group interview in this study:

1. Describe how each of your units works together.
2. Describe how the nurse leaders know when to implement EBP change
3. Describe how the nurse leader is expected to implement EBP change

Triangulation explores the different nurse leader perspectives on implementing EBP change (Fusch & Ness, 2015). The data collected from the different responses of
the nurse leaders involved a triangulation of information (Fusch & Ness, 2015; Groenewald, 2004). Triangulation of data allows the researcher to contrast, validate and identify similar findings (Fusch & Ness, 2015; Groenewald, 2004). It is the responsibility of the researcher to allow the data to emerge on its own (Groenewald, 2004).

Interview sessions were scheduled at the nurse leader’s convenience with a goal of setting the interview process to be conducted within a two-week period of time. A two-hour time frame was blocked on the nurse leader’s calendar to allow for an in-depth-interview knowing the length of the interview would vary for each participant. The focus group interview was conducted over a two-hour time frame. An invite using Outlook work calendar was used to block the time on the nurse leaders’ calendar and require a response of acceptance, alternate meeting time or a declination.

**Research Design**

The research design used in this study involved a phenomenological qualitative approach. Phenomenology research is designed around finding the meaning of the lived experience and self-interpretation of the environment in which one finds themselves (Burns, Grove & Gray, 2013; Creswell, 2013). The researcher then develops an understanding of the identified behaviors in action or through a common experience, interprets results and offers suggestions for future studies (Fusch & Ness, 2015; Burns, Grove & Gray, 2013; Creswell, 2013).

**Participants/Data Sources**

This study used purposive sampling, which entailed the researcher selecting specific subjects to incorporate in the study (Burns, Grove & Gray, 2013; Creswell,
2013). The researcher selected nurse leaders at MJEH that were directly connected to the care of the stroke patient.

According to the Powers, Rabinstein, Ackerson, et al., (2018), there are four identified stroke designations: the first is the Comprehensive stroke center (CSC); second is the Thrombectomy capable stroke center; a Primary stroke center (PSC) is the third designation and lastly an Acute stroke ready hospital capable of triage and transfer to higher designated stroke facility. The CSC and Thrombectomy capable stroke center provide advanced care for the stroke patient to possibly include a thrombectomy procedure to slow the progression or stop the stroke. The PSC provides stroke patients with the alteplase to slow the progression or stop the stroke and the ability to transfer the patient to a CSC if criteria are met. The Acute stroke ready hospital triages and transports to a hospital to either a PSC or CSC for care (Powers, Rabinstein, Ackerson, et al., 2018).


The AHA/ASA mandate each stroke center no matter the designation will have an identified stroke coordinator and designated floor or unit in addition to the intensive care unit (ICU) to house all diagnosed stroke patients (Smith, Kent, Bulsara, Leung, Lichtman, Reeves, Towfighi, Whiteley, & Zahuranec, 2018). The MJEH stroke designated units are found on 3AB (telemetry floor) and ICU. Nurse leadership associated with the stroke center at MJEH that met criteria to be interviewed included
directors, managers, stroke coordinator, education coordinators, Vice President of Quality and the Chief Nursing Officer (CNO). The size of the facility or hospital system is what drives the number of nurse leaders connected with the stroke program (Smith, Kent, Bulsara, Leung, Lichtman, Reeves, Towfighi, Whiteley, & Zahuranec, 2018).

This study was presented to IRB at MJEH (FWA 00003377 and CU (1365407-1) for approval. The average participant age ranged from 30-70 years old with a minimum of two years’ experience as a nurse leader. The sample size was identified as a potential limitation due to the small number of nurse leaders who are specifically identified with the stroke population. It is worth noting PSCs have a limited number of nurse leaders associated with stroke patients therefore the sample size in this study may be deemed adequate for this study. Creswell (2013), recommends a ten participant to equate to a sufficient number of participants in an in-depth- interview based phenomenological study. Fusch & Ness (2015) recommends a focus group interview to include between six and twelve participants for a phenomenological study providing group diversity and a manageable size to allow for the group to share thoughts and ideas. This study abides by these recommendations.

The informed consent was reviewed with each nurse leader at the beginning of the interview process (Groenewald, 2004). A letter of participation was issued giving the nurse leader information including declination clause. The nurse leader gave consent to participate in the study or declined (Groenewald, 2004). Declining to participate at any time during the study did not result in pressure to continue (Groenewald, 2004).
The interviews were designed to help answer the research question; ‘what are the lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements?

**Data Collection Procedures.** The interviews were audio recorded and transcribed verbatim. Transcripts were coded using category headings that described the qualitative data. The research team assisted in discrepancies in the coding process. Written notes and audio recording of each interview to include the consent form was completed. Each participant was assigned a code that included a single numeric and alphabetic character and date. After each interview, the written notes and audio tape were reviewed as soon as possible to verify notes taken were complete. All audio data was kept secured on the researcher’s locked smart phone accessed by fingerprint recognition. The written notes were kept secured in locked desk drawer in the researcher’s locked office on the Methodist Health System property. Validity of the individual in-depth interview was verified by having each nurse leader review the final notes to establish if information was correctly transcribed. The focus group interview written notes were sent out to the participants without using names or identifying information with the intent to validate information was correctly transcribed.

**Coding and Drawing Themes**

According to Saldana (2016), coding is the process of identifying sentences or word(s) that correlate with the data to create a visual picture that answers the research question. What are the lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements? Coding occurs by sorting in cycles which reduces the data to explain the nurse leader experience (Creswell, 2013).
The first cycle of reduction begins with a review of the data searching for common words or phrases used to describe the lived experiences of the nurse leader who has implemented EBP change (Saldana, 2016). Written interview notes were reviewed by the researcher to identify the common words or phrases (Saldana, 2016 & Creswell, 2013). The second sorting cycle fine tunes the search determining the incidence of the words or phrases that have occurred more than twice best describing the nurse leader experience of implementing EBP change due to medical advancements (Saldana, 2016). Words and phrases were fine-tuned providing further clarification and additional categories (Saldana, 2016 & Creswell, 2013). Data provided from the coding was compiled to formulate a written conclusion and summary.

**Summary**

This phenomenological qualitative study set out to answer the question: what are lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements? An in-depth individual interview and a focus group interview were performed. Nurse leaders associated with the stroke program at MJEH voluntarily participated in the interview process. The answers were then reviewed, coded and themes emerged. Common words and phrases were identified then honed down to reveal additional categories. The next chapter will review the results of this study and put into perspective the lived experiences of the nurse leader implementing EBP change due to medical advancements on their unit.
Chapter 4: RESULTS

The purpose of the phenomenological study was to explore the experiences of the nurse leader in implementing EBP change due to medical advancements. This chapter is organized to answer the research question: What are the lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements? Data was collected from 12 nurse leaders who voluntarily participated in the study and completed the nurse leader in-depth individual interview and a group interview. Chapter 4 consists of data analysis with findings structured by the research question. Demographic findings, data collection procedure, themes, results of data analysis, research findings, and summary complete the chapter.

Demographics

Twelve nurse leaders participated in the study. Their demographic attributes are displayed in the following tables. Age group, years of leadership experience, gender, and education level are displayed in corresponding tables. Creswell (2013), recommends a ten-participant panel to equal enough participants in an in-depth- interview based phenomenological study. While Fusch & Ness (2015), recommend a focus group interview to consists of six and twelve participants for a phenomenological study providing group diversity and a manageable size allowing for shared thoughts and ideas to occur. All the participants were in a nurse leadership role with the average years of leadership experience being 1-5 years. All the nurse leaders in this study held a master’s degree or higher education level. The majority of nurse leaders in this study were female with average age range between 30-40 years old.
The majority of nurse leaders are female in the age range of 30-40 years. This correlates with having established experience both in life and nursing complementing the transition into a nursing leadership role (Sherman, 2013).

Nurse leaders tend to have 1-5 years of leadership experience. We see another trend of nurse leaders with experience between the 5-10 year mark and again at the 20-25 year mark (Warshawsky, N. & Cramer, E. 2019; McKinney, Evans, & McKay, 2016).
Nurse leaders in this study appear to be highly educated as evidenced by completion of a Master’s Degree or higher education level (Warshawsky, N. & Cramer, E. (2019).

Data Collection

The chief nurse executive of a nonprofit health system and the Chairperson from the University attended by the researcher approved the research site. Institutional Review Board (IRB) from the nonprofit health system and the university granted approval for the research study (see Appendix A & B for IRB letter of approval).

Once IRB approval was granted nurse leaders associated with the stroke program were contacted via email. The email contained a letter of participation and an informed consent form. Staffing adjustments to the non-profit health system identified 14 nurse leaders eligible to be contacted. An appointment request was sent to the identified nurse leaders through Outlook using the work calendar for one of three responses acceptance; the ability to provide an alternate date/time or declination. Nurse leaders who established an appointment were interviewed. Of the 14 nurse leaders eligible to be a part of the research study 12 responded. During the month of April individual in-depth interviews and a group interview took place. The letter of participation including a declination clause and informed consent was reviewed with each nurse leader at the beginning of the interview process as described by Groenewald (2004), (see Appendix C for Letter of Participation). The nurse leader gave consent to participate in the study or declined. Declining to participate at any time during the study did not result in pressure to continue (see Appendix D for the Bill of Rights for Research Participants), (Groenewald, 2004).
Data Analysis Procedures

The process for data analysis began with reviewing the field notes becoming familiar with the content while establishing the distinct data that related to the research question and the ability to discern meaningful data (Yin, 2016). Field notes were lengthy and provided insight into the nurse leader’s views of daily work load and implementing EBP based on medical advancements. Re-reviewed field notes were then conceptualized developing open coding and axial coding (Yin, 2016).

Coding

The procedure for developing a coding system was initiated by reviewing one of the nurse leader responses which assisted in the formulation of a coding system derived from the final interview transcripts (Saldana, 2016). Coding engages in the ability to provide clearer meanings and thought-provoking reflection on the research development (Saldana, 2016). The development of coding, categories, and themes were established.

Open coding. The open coding phase of the study involved the review of original data being examined to identify categories that conceptualized the research question (Yin, 2016). Open coding also allowed the researcher time to compare the original data for similarities and differences (Saldana, 2016). There is not an official method for open coding therefore the research followed a systematic process (Saldana, 2016). The systematic process in the study started with analysis of recorded interview and field notes to identify any missing data. The participants were informed that the written notes would be available for their review to validate responses. The nurse leaders in this study declined this opportunity. The final transcript was established and open coding was
initiated, resulting in over 80 coding categories (see Appendix E for open coding category outline). Further exploration occurred during the axial coding phase.

**Axial coding.** The axial coding phase drilled down the identified categories from the open coding phase into a refined set of central codes supporting a higher conceptualized category level (Saldana, 2016 & Yin, 2016). The axial codes exposed the relation between identified central categories and strategies that supported the research question (Saldana, 2016). Each interview question was drilled down by the researcher establishing over 30 refined set of central codes (see Appendix F for axial category outline). The findings from the current study explored the nurse leader experiences when implementing EBP change on their unit. Many experiences were uncovered bringing a layer of understanding to nurse leader perception of implementing EBP change.

**Themes**

Themes in this research were derived from similar noteworthy statements made during the interview process such as “implementing EBP is guided by the Joint Commission” (Saldana, 2016). The themes identified in this study resulted from key words, ideas and topics from the final interview transcript (Saldana, 2016). The concluding themes from the final interview transcript assisted the researcher in identifying the daily experiences of the nurse leader (Saldana, 2016). The theme of “huddles” is one example of a concluding theme in this study. Nurse leaders identified huddles 16 times in the final interview transcript and “rounding” 11 times to describe a typical day on their unit. Huddles are a form of communication the nurse leaders described as occurring from the executive level down to the manager level. The huddle involves bringing identified team members together for a brief review of the state of the hospital and unit; new information; issues to
be brought forward and a time for team members to express concerns. Huddles can last from 5 minutes to 20 minutes pending discussion. Nurse leaders in this study described the safety huddles as an example of huddle communication. The nurse leaders and leaders from all hospital departments of the hospital convene at 0730. The hospital leaders all stand in a circle while census is discussed for each department; safety issues are discussed and achievements are praised. The safety huddle lasts on average of 20-30 minutes. At the end of the safety huddle hospital leaders are able to connect with each other to set up meetings to work on items requiring more attention as identified during the huddle. Rounding is another example of communication nurse leaders are involved with throughout their day. Nurse leaders in this study gave as an example manager rounding as a form of communication they participate in during their day. Manager rounding entails the nurse manager visiting with each patient on their unit asking a set battery of questions related to the patients care. Manager rounding can take up to 2 hours to complete.

**Results of Data Analysis**

The study had one research question to examine the data and develop analysis; what are lived experiences of the nurse leader who has knowledge of and implemented EBP change due to medical advancements? The study consisted of an in-depth interview containing six interview questions followed by a focus group interview with three interview questions. A phenomenological qualitative approach was used to identify common experiences of the nurse leader (Burns, Grove & Gray, 2013; Creswell, 2013). A transcribed illustration of the interview data was compiled into common themes, phrases and words to formulate a final analysis.
In-depth interview question and discussion: What is a typical day like on your unit?
The first research question allowed the nurse leader to describe what responsibilities they were faced with on a typical day. The findings showed participating in huddles, rounding; report and staffing were the most common identified responsibilities. Each of these findings has in common the concept of communication. Translating to the nurse leader’s day consisting of clarification and participation in communication to keep their unit informed and running within the expectations of the organization. According to Hughes (2017), a nurse leader associated with developing a relational verses task focus team will achieve success. Relationship building empowers staff resulting in the nurse leader having the ability to achieve positive patient outcomes driven by EBP; retaining staff; and providing a welcoming work environment (Hughes, 2017). It is important for the nurse leader to balance and reflect on how much time each day is spent in task-oriented issues versus building relationships with staff.

In-depth interview question and discussion: Tell me about a time when you were asked to make changes in nursing practice? The second research question identified 12 EBP projects in the process of being implemented at the time of the study. Only the nasogastric tube (NG) tube EBP project was duplicated in more than one unit. The nurse leaders identified there were more EBP projects in the future some of which other units were currently working on. Nurse leaders are asked to make changes in nursing practice by implementing EBP to enhance patient care and outcomes. Achieving desirable patient outcomes is driven by implementing EBP in combination with ongoing feedback; a framework to provide staff support and the adoption of intervention fidelity (DiNapoli, 2016). Intervention fidelity describes the ability to confirm the EBP is implemented
properly as evidenced by maintaining the desired patient outcomes (DiNapoli, 2016). Multiple EBP initiatives challenge the nurse leader to provide all the identified components necessary to achieve sustained change in nursing practice.

**In-depth interview question and discussion: Tell me how you are educated in EBP?**

The third research question identified how the nurse leader was educated in EBP. Higher education was shared to be the most valuable resource in educating nurse leaders in EBP. With so many variables in understanding EBP it is important to start with what it is. According to DiNapoli, (2016), defining EBP can be summed up as the integration of the best scientific evidence combined with clinical expertise to achieve desirable patient outcomes. Nurse leaders need to be aware of not only what EBP is but also how it will impact the patient translating into positive outcomes.

**In-depth interview question and discussion: Tell me about a time when you were asked to implement EBP change?** The fourth research question identified 10 additional EBP initiatives within the organization that nurse leaders were asked to implement. Nurse leaders are expected to have several qualities including the ability to implement new EBP initiatives and nursing practice change (Sherman, 2014). It is important for the nurse leader to discern what EBP initiatives or changes in nursing practice require an immediate response and which can be done over a longer timeframe (Sherman 2014). Nurse leaders should take time to reflect on the new EBP initiative and nursing practice change to determine if it is the right time to implement and develop a plan for moving forward that translates into the organizations goal (Sherman, 2014).
In-depth interview question and discussion: Typically, how is EBP change implemented on your unit? The fifth research question identified the method nurse leaders implement to elicit EBP change on their unit. Educating staff was the first method used to implement EBP change on the unit followed by a competency. The second method identified was a management lead EBP change. Determining the organization and unit climate regarding the proposed EBP initiative is something the nurse leader will undertake (Sherman, 2014). The nurse leader first evaluates how receptive the staffs are to the proposed EBP initiative (Sherman, 2014). The nurse leader should be ready to decline the EBP initiative if it does not align with the organizations goal (Sherman, 2014). Initiatives and changes in nurse practice are driven by nurse leaders who understand making changes at the right time can result in success (Sherman, 2014). The individual nurse leaders did not reveal an organizational method when making EBP change on their unit however, some of the nurse leaders did identify a two-step process. The first step was providing staff education on the EBP change. The second step is comprised of a competency to verify the staff nurses understanding the provided education.

In-depth interview question and discussion: What value, if any, has been derived from the implementation of EBP change to your unit? The sixth research question identified how the nurse leader valued EBP change implemented on their unit.

Focus group interview question and discussion: Describe how each of your units work together. The first research question identified through the focus group descriptions of how the units work together four major themes. The first major theme was nurse leaders identifying that sometimes units work together well especially with EBP
related to stroke while other times each unit takes on an identity of being busier than the other units. The second major theme nurse leaders discussed was the results of the employee survey showing staff identifying departments having a good working relationship. The third major theme nurse leaders recognized was units work well together when standards and goals are clearly defined.

**Focus group interview question and discussion: Describe how the nurse leaders know when to implement EBP change.** The second research question identified through the focus group how regulations, certifications, and policy drive implementation of EBP. This study identified areas that correspond with the nurse leader’s ability to understand when it is time to implement EBP change such as declining outcome measures, health system practice changes in order to standardize care, governing bodies such as Joint Commission establishing guidelines for certification, policy driven change and gaps identified between current practice and EBP.

**Focus group interview question and discussion: Describe how the nurse leader is expected to implement EBP change.** The third research question identified through the focus group what process is used to implement EBP change. Nurse leaders are faced with many opportunities as rapid change occurs in healthcare such as providing standardized processes to implement change and provide adequate resources for staff success with change (Cuming, 2018). The nurse leaders in the focus group agreed there is a standardized procedure in the organization that needs to be followed when implementing EBP change. The process includes the following steps: reviewing current practice; identifying the need for change; addressing EBP change in policy and procedure; educating staff on EBP change; validating staff understand EBP change through a
competency; setting a go live date to initiate the new EPB; and following up with return demonstration in 30 days after implementation to validate retention. The organization process involved identifying the need for change; address change in policy and procedure; educate staff; validate understanding of staff through testing or competency; set go live date for new practice; follow up with return demonstration in 30 days after implementation to validate retention.

**Research Findings**

The results from the study supported well-known tenets of EBP and outlined the perceptions of the nurse leader who was expected to implement EBP change due to medical advancements. The responses from the individual in-depth interview and focus group interview provided key findings that identified the challenges nurse leaders are faced with when implementing EBP due to medical advancements. This study revealed understanding EBP by the nurse leaders and how it impacts nursing practice is varied among the nurse leaders themselves. Advanced education or degrees supplied several of the nurse leaders with the needed education to identify what EBP is and how it drives change in nursing practice (Melnyk, Fineout-Overholt, Stillwell & Williamson, 2010).

The next set of findings was linked to the workload associated with a constant stream of EBP changes being implemented by nurse leaders on their units. There is not a certain number of EBP changes that can be implemented at one time. The EBP change is driven by policies, governing bodies and organizational goals (Melnyk, Fineout-Overholt, Stillwell & Williamson, 2010). Therefore, the nurse leader is challenged with identifying and executing a process that is achievable and sustainable when implementing EBP on their unit (Melnyk, Fineout-Overholt, Stillwell & Williamson, 2010).
Barriers associated with EBP change were identified as a lack of time and a culture of resistance. Results from the interview identified old practices “That’s the way we’ve always done it here” as justification for resistance to EBP change, the barrier results found in this study are supported in the literature. The nurse leader is challenged with overcoming the barriers by embracing EBP change and providing a clear path to success for achieving not only the implementation of EBP but sustainability (Wallis, 2012). Wallis (2012) identified education as the top way to remove the obstacles when implementing EBP. Education starts with the nurse leader and moves down to the staff at the bedside. Education begins with a clear understanding of the current state and the goals established to meet success. This study had responses from nurse leaders that helped to identify barriers as well as obstacles (Wallis, 2012). They included:

1. Nurse leaders expressed concern about the length of time that various forms of communication may take.

2. Nurse leaders conveyed a need to take home work due to a lack of time during the workday.

3. Nurse leaders articulated concern about the numerous EBP changes and initiatives being initiated at one time.

4. Nurse leaders identified some staff lack an understanding of EBP.

5. Nurse leaders expressed an absence of a standardized process for implementing EBP on their units and within the organization.

6. Nurse leaders acknowledge collaboration with other units to organize an EBP initiative is a challenge.
Themes

Throughout the interview process nurse leaders were able to identify challenges with the implementation of EBP change on their unit. Each question brought about a unique theme.

<table>
<thead>
<tr>
<th>Interview question and emerging theme</th>
<th>Emerging Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a typical day like on your unit?</td>
<td>Overarching theme identified is communication. Most of the time spent as nurse leader involves communicating using various methods with leaders of the organization, staff and patients.</td>
</tr>
<tr>
<td>Tell me about a time when you were asked to make changes in nursing practice.</td>
<td>The identified central theme evolves around the number of EBP changes a nurse leader is asked to implement altering nursing practice on their unit.</td>
</tr>
<tr>
<td>Tell me how you are educated in EBP.</td>
<td>Advanced education overwhelmingly was identified as the theme in which nurse leaders became educated on the topic of EBP.</td>
</tr>
<tr>
<td>Tell me about a time when you asked to implement EBP.</td>
<td>The identified fundamental theme developed around the number of EBP</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Typically, how is EBP change implemented on your unit?</td>
<td>The identified theme evolved around a two-step process for implementing EBP change in the nurse leader's unit comprised of staff education and competency verification.</td>
</tr>
<tr>
<td>What value if any, has been derived from the implementation of change on your unit?</td>
<td>The predominant theme given by nurse leaders regarding the value of EBP change included patient outcomes and safe practice.</td>
</tr>
<tr>
<td>Describe how each of your units works together</td>
<td>The main theme identified was inconsistency in collaboration with other units which fostered a silo atmosphere at times.</td>
</tr>
<tr>
<td>Describe how the nurse leaders know when to implement EBP change.</td>
<td>The major theme identified was a formal direction for EBP change and implementation derived from regulations, certifications and policy.</td>
</tr>
<tr>
<td>Describe how the nurse leader is expected to implement EBP change.</td>
<td>The principal theme identified by nurse leaders was the organization's formal process for implementing EBP had issues with consistent use and sustainability.</td>
</tr>
</tbody>
</table>
Emerging themes identified brought clarity to the common challenges nurse leaders were faced with in this study.

**Summary**

The phenomenological qualitative study with interview analysis involved codes and themes to be identified from the nurse leader participants. This study revealed that nurse leaders lived experiences regarding EBP are challenging and complex. (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2010).

Furthermore, the focus groups revealed the pace of EBP change; for instance nurse leaders identified 12 EBP projects with additional ones planned for in the near future. Some nurse leaders reported feeling as though they were working in a silo during the implementation of EBP on their unit. Other nurse leaders were able to rely on the nurse educator to streamline the implementation process of EBP on their unit to achieve success. An additional finding identified in this study was the process of implementing EBP due to medical advancements. The current standardized procedure identified by the nurse leaders in the focus group involved the review of current practice; identify need for change; address change in policy and procedure; educate staff; validate understanding of staff through testing or competency; set go live date for new practice; and follow up with return demonstration in 30 days after implementation to validate retention. Formalizing a conceptual framework to assist in guiding nurse leaders in standardizing the implementation of EBP and sustainability (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2010). However, the focus group nurse leaders identified the standardized procedure in current use was not consistently followed leaving gaps and areas for improvement especially with the final step of validation and retention of EBP change in
nursing practice. Based on the evidence from this study as well as insights from the literature, I discuss a series of evidence-based recommendations in Chapter 5. Finally, I wrap up with some thoughts on the implications of this study and avenues for future research.
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

The purpose of the qualitative phenomenological research study was to examine the lived experiences of the nurse leader implementing EBP change due to medical advancements. The literature review in chapter 2 provided support for correlating the nurse leader responsibilities and roles with the implementation of EBP. Studies examined the nurse leader role and responsibilities; value-based purchasing in a changing health care environment; the ability of the nurse leader to follow the steps to implement EBP effectively. The present study investigates the perception of the nurse leader faced with implementing EBP as medical advancements change the practice of nursing. Chapter 3 included a discussion of the research method, the research procedure, and data analysis. I interviewed several nurse leaders separately and in a focus group setting about EBP change. In-depth and focus group interviews provided the data for this study. Chapter 4 contained an analysis of the data and findings from the study. Chapter 5 presents interpretation and discussion of the research findings from the study of nurse leaders. Conclusions regarding the research question are followed by recommendations and avenues for future research.

Proposed Solution

This study revealed through the interview process themes related to the lived experiences of the nurse leader who implements EBP change on their unit. The themes assisted in realizing a proposed solution during implementation of EBP change within an organization.
Table 5

*Themes*

List of overarching themes with brief explanation

<table>
<thead>
<tr>
<th>1. Communication: Most of the time spent as nurse leader involves communicating using various methods with leaders of the organization, staff and patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Number of EBP changes: A nurse leader is asked to implement EBP change altering nursing practice on their unit.</td>
</tr>
<tr>
<td>3. Advanced education: Nurse Leader’s become educated on the topic of EBP.</td>
</tr>
<tr>
<td>4. Number of EBP changes: The nurse leader implement on their unit.</td>
</tr>
<tr>
<td>5. A two-step process for implementing EBP change: Comprised of staff education and competency verification.</td>
</tr>
<tr>
<td>6. Patient outcomes and safe practice: Value of EBP change identified by the nurse leaders.</td>
</tr>
<tr>
<td>7. Inconsistency: Collaboration with other units varied which fostered a silo atmosphere at times.</td>
</tr>
<tr>
<td>8. Formal direction for EBP change and implementation: Derived from regulations, certifications and policy.</td>
</tr>
<tr>
<td>9. An organizations formal process for implementing EBP: Nurse Leader’s identified issues with consistent use and sustainability.</td>
</tr>
</tbody>
</table>

**Communication:** The typical day description provided was surprising to me in that so much of the day was spent utilizing various forms of communication such as huddles,
rounding and report time on the unit to enable it to function independently and as a part of a whole. Normalization was an unanticipated effect that was described and accepted as a standardized process.

The majority of nurse leaders did not talk much about the amount of work they take home each night which was surprising. A few nurse leaders did admit to taking home work and working each night about 3-4 hours, allowing the nurse leader to just keep up with scheduling and staff evaluations for example. A concern that materialized in this question was the nurse leader’s normalization of taking work home. When asked probing questions regarding the amount of work taken home many of the nurse leaders explained it as the expectation of the job with no further comment or discussion. This form of normalization is interesting to me because it is often what is not said that needs further exploration to find the root cause of why acceptance has become standardized.

**Advanced education:** The nurse leader was educated on EBP through higher education. The fact that nurse leaders found higher education to be beneficial in learning about EBP was not surprising. It was interesting the nurse leaders identified the gap in understanding EBP by the staff, but they did not identify how the staff were to learn about EBP, which was concerning. If the staff nurse do not understand the concept of EBP how are they expected to embrace EBP change and sustain it. During the interview process there was no clear description of how the concept of EBP was being taught to the staff. The lack of understanding about EBP and how it shapes nursing practice could lead the staff to rely on and revert back to “That’s the way we’ve always done it” pushing EBP change to the side. With so many variables in understanding EBP it is important to start with what it is. According to DiNapoli, (2016), defining EBP can be summed up as the integration of the
best scientific evidence combined with clinical expertise to achieve desirable patient outcomes. Nurse leaders need to be aware of not only what EBP is but also how it will impact the staff and patient translating it into positive outcomes.

**Number of EBP changes:** The amount of EBP change and time allotted to make changes to nursing practice was a surprise. The nurse leaders identified 12 EBP changes to be implemented on their unit thus advancing nursing practice. The nurse leaders shared before they even completed the EBP change on their unit another EBP change was already being pitched to them. The rapid timeframe for turnaround of EBP change made it a challenge for the nurse leader to show sustainability before the next EBP change was supposed to start. It was interesting to hear the nurse leaders identify the future EBP changes were coming from other units who had already implemented it. What the nurse leaders did not describe that was also surprising. Meetings attended were not structured to help the nurse leader implement and guide EBP. The organization implemented the EBP changes unit by unit which encouraged normalization of a silo mentality verses working as an organization which was of concern. Further exploration in each EBP change and the impact it would have on the entire organization may help unify a single implementation plan to be followed simultaneously. Providing the nurse leader with more resources to implement and sustain EBP change.

**Collaboration:** It is important for nurse leaders of specific units to collaborate with other units and disciplines within an organization to implement EBP due to the rapid changes in medical advancement (Bogue & Lindell Joseph, 2019). Collaboration of specific units and disciplines to achieve the organization goals achieves vertical alignment instead of
working in silos (Bogue & Lindell Joseph, 2019). The results of this study support vertical alignment as evidenced by the collective voice of nurse leaders.

**EBP implementation:** The nurse leaders were able to provide 10 specific examples of implementing EBP change on their unit. The discussion during the interview rounded back to the nurse leader understanding EBP through higher educational opportunities but what was not revealed was how they learned to implement EBP on their unit. A nurse leader is expected to identify nursing practice change while timing EBP change on their unit (Sherman, 2014). The concern of many new nurse leaders is how they are taught the organizational change method and process to follow it. It would be interesting to assess the nurse leader’s orientation and how in fact they are taught regarding implementing EBP change.

Regulations, certifications, and policy drive implementation of EBP. Timing is everything when it comes to implementing EBP as a nurse leader. This study identified areas that correspond with the nurse leader’s ability to understand when it is time to implement EBP change such as declining outcome measures, health system practice change in order to standardize care, governing bodies such as Joint Commission establishing guidelines for certification, policy driven change and a gap identified between current practice and EBP through committee work. Nurse leaders should take time to reflect on new EBP initiatives and nursing practice change to determine the right time to implement and develop a plan for moving forward that reflects the organization goal (Sherman, 2014). The nurse leader starts by determining the organization and unit climate regarding proposed EBP initiatives (Sherman, 2014). The nurse leader needs to appreciate how receptive the staffs are to the proposed EBP initiative or change in
nursing practice (Sherman, 2014). The nurse leader has the responsibility to be ready to
decline the EBP initiative or change in nurse practice if it does not align with the
organizations goal (Sherman, 2014).

The surprising part of the interview to this point was the nurse leaders had not
discussed any organization change method they were following. The concern in the
responses was there was not a standardized organizational change method revealed by all
nurse leaders. A set single organizational change method for implementing EBP change
would be important for the nurse leader to feel successful in implementing EBP change.
Some nurse leaders shared a normalization mentality of doing the best possible to
implement EBP change on their unit.

The findings of this study, along with insights from the existing literature, suggest
a three-pronged approach involving the nurse leader, a formalized EBP model for
implementing EBP change and staff.

**Nurse leader: Three pronged-approach solution.** The nurse leader is the first
part of the proposed three-pronged solution in implementing EBP change. The nurse
leader is often bombarded with continual EBP change proposals that are driven through a
variety of avenues such as changes in standard of care, EBP guidelines, governing bodies
and health system policy and procedural changes. At the time of this study the nurse
leaders identified 12 EBP changes to be implemented on their units. The nurse leaders
also revealed before they are finished implementing one EBP change they are notified of
additional ones to be completed. The rapid EBP changes add to the challenge nurse
leaders are faced with when EBP change is identified, implemented and sustained within
an organization. Assisting the nurse leader with complex requests for EBP change could
best be supported through a well-developed organization led process for implementing EBP change (Mick, 2017).

The proposed solution to the nurse leader prong would be to implement the six-step process developed by Mick (2017) which may provide a clear and concise process to filter and streamline the number of EBP proposals.

The nurse leaders in the study recognized a current process the organization had in place to elicit EBP change. However, during the interview process nurse leaders acknowledged the current organization process was not as effective as they had hoped due to lack of follow through on validating staff retention in relation to implemented EBP changes. Comparing the formalized six-step process provided by Mick (2017) and the organizations current process shows similarities and areas for improvement.
Table 6

*Steps Used to Implement EBP*

<table>
<thead>
<tr>
<th>Comparison of literature process and organization process</th>
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</thead>
<tbody>
<tr>
<td><strong>Literature: Formalized six step process</strong></td>
</tr>
<tr>
<td>Identify clinical inquiry and determine what is best practice</td>
</tr>
<tr>
<td>Gather evidence</td>
</tr>
<tr>
<td>Appraisal step – map out nursing practice</td>
</tr>
<tr>
<td>New interventions to meet desired EBP outcomes</td>
</tr>
<tr>
<td>Recommendation for EBP change</td>
</tr>
<tr>
<td>Staff education/EBP established as part of nursing practice</td>
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<td></td>
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</tbody>
</table>

The formalized six-step process systematically lays out the steps for implementing EBP change and may be a model for the organization to adopt in order to reach desired EBP change outcomes. A clear well thought out process provides nurse leaders with a stable method to elicit EBP change. The organization process lacks a formalized clinical inquiry, evidence gathering and appraisal step. It is important for the nurse leaders as a team with other disciplines to review the formalized process and flush out the steps to reach the organizations goals.

The team approach provides an organization the opportunity to place the appropriate team members in each of the six-steps of the proposed formalized process.
Team member collaboration may bring the organization together and allow for a smoother transition when implementing EBP change. Healthcare has been slow in adopting a collaborative team approach between disciplines to solve issues. As rapid EBP change becomes the norm for organizations it will be important to embrace a team approach making change a success. The six-step process provides opportunity for an organization to grow in a team approach while implementing EBP changes.

**Formalized process: Three pronged-approach solution.** This leads to the second prong of the proposed solution which is adopting a peer review formalized process to guide EBP change. The nurse leaders during the interview process were able to verbalize the current process within the organization however remarks were made regarding its dysfunction with clear understanding of implementation and follow through.

Therefore, a strong recommendation from this study is to utilize the six-step process identified in the literature as a pilot within the organization for a stated period of time to provide a consistent model for EBP change (Mick, 2017).

Each of the six steps will require the organization to drill down and make specific suggestions tailored to the organizations’ resources and capabilities of that organization; this is not a “one size fits all” solution. Step one is focused on determining what the best practice is. The organization may find nursing practice committees, other discipline committees, standards of care, governing bodies or peer reviewed literature to guide the best practice. Once the idea for best practice has been identified the next step is gathering evidence. This can be accomplished through a collaborative committee embracing a team approach. The third step is mapping out the actual nurse practice through policy or procedure. Development of policy or procedure the new interventions establishes the
desired EBP outcome completing the fourth step. The fifth step involves a recommendation for EBP change. This can be accomplished through collaborative discipline committee work such as the nurse practice committee that contains other disciplines as committee members. The last step of the formalized process is actual education of the staff regarding the new interventions and EBP recommendation. This step can be accomplished by having the nurse educators teach the staff. This step is not completed until the staff nurse establishes the EBP change as part of the organizations nursing practice.

Starting with a formalized model will assist in remedying some of the areas that were identified by the nurse leaders in this study to be areas for opportunity such as having a standardized process for inquiring and implementing EBP change and educating staff to achieve sustainability. This pilot may lead to an EBP change that is clear and sustainable by the nurse leader and staff.

**Staff education: Three pronged-approach solution.** The last prong in the proposed solution involves educating the staff on EBP and EBP change. According to Holle & Rudolph (2018), the nurse leader is responsible for educating nursing staff on the value of EBP and the impact it has on patient care. Educating the staff on EBP usually involves didactic, hands on and remedial learning experiences (Stickler, Bohling, Kneis, O’Connor, & Yee, 2016). The nurse leaders in this study identified a gap with the staff nurse understanding EBP and how EBP change impacts direct patient care and nursing practice. EBP change on the unit usually involves teaching from the nurse leader or educator which limits the ability to spend time educating on EBP in larger units and fast-paced units.
The proposed solution would incorporate the nurse educators in developing an additional formal teaching course covering the topic of EBP and EBP change. This would include but not be limited to: defining EBP; providing EBP change pros and cons; developing an understanding of how EBP impacts direct patient care and nursing practice. The nurse educators will need to then develop a specific education plan for the EBP change proposed within the formalized six step process, test the staff for competency and examine sustainability and offer a re-education plan for identified staff.

**Stakeholders Related to the Solution**

The stakeholders in the proposed solution are identified as but not limited to the following chain of command: the organization, healthcare team, nurse leader, nurse practice committee, policy and procedure committee, other discipline led committees within the organization, nurse educators, staff and most importantly the patient. The stakeholders identified in this study are unique to the hospital where the interviews were conducted.
Table 7

*Chain of Command*

<table>
<thead>
<tr>
<th>Identification of chain of command involved with nurse leader EBP change process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>Healthcare team</td>
</tr>
<tr>
<td>Nurse leader</td>
</tr>
<tr>
<td>Nurse practice committee</td>
</tr>
<tr>
<td>Policy and Procedure committee</td>
</tr>
<tr>
<td>Other pertinent committees within the organization</td>
</tr>
<tr>
<td>Nurse educators</td>
</tr>
<tr>
<td>Staff</td>
</tr>
<tr>
<td>Patient</td>
</tr>
</tbody>
</table>

**Implementation of the Proposed Solution**

The implementation of the proposed solution should be developed utilizing a pilot study over a specified timeframe set by the organization. Working through the formalized six-step proposed solution the organization will be able to assign responsibility for implementation according to the resources available utilizing a team approach involving other disciplines (Mick, 2017). The use of Lewin’s change theory to incorporate the proposed solution with EBP change is recommended (Bower, 2011 & Hatch & Cunliffe, 2006).

Lewin’s change theory is longstanding and proven to work best in the healthcare setting (Bower, 2011 & Hatch & Cunliffe, 2006). Lewin’s change theory provides a
three-stage approach unfreezing, moving stage and refreezing in order to meet the desired outcomes. During the unfreezing stage resistant staff are redirected by the nurse leader (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). This is important after the staff have been educated on EBP change but continue to trend back to previous practices. The moving stage is marked by a well-developed EBP plan that meets the desired organizational goals and outcomes (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). The use of the six-step process will provide a structured process that may bring positive results to EBP change (Mick, 2017). The final stage in Lewin’s change theory is refreezing which is reached when EBP change is adopted as part of the culture by staff (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). The final step of the six-step process is to revisit practice to verify if the EBP change has been adopted. The adopted EBP change will then be incorporated into policies and procedures to signify success of practice change.

Factors and Stakeholders Related to the Implementation of the Solution

The success of a formalized six-step process when implementing EBP change will be based on the ability of the stakeholders and factors within the organization coming together (Mick, 2017). The proposed recommendation for each step includes but is not limited to: Step one which requires the nurse practice committee working with other disciplines using a team approach to bring forward through the committee agenda peer reviewed literature, standards of care and governing body guidelines that identifies best practice. Staff engagement is important during this step to build on understanding of EBP and EBP change.
Step two involves gathering evidence to support the identified best practice from the nurse practice committee then propose EBP change to be made within the organization. The nurse practice committee should assign a subcommittee to work on researching peer reviewed materials to support or debunk the suggested changes. The goal in this step is to identify what is truly EBP and what is change based on opinion not fact.

Step three takes the evidence that has been gathered through committee work and proven to support the EBP change directly to the policy and procedure committee. The policy and procedure committee agenda would include a line item for incoming EBP changes supported by peer reviewed evidence from the nurse practice committee. The policy and procedure committee would then assign a subcommittee to work on developing a specific policy and procedure based on the EBP changes. Once completed the new policy and procedure will be taken back to the policy and procedure committee for a final vote. Once approved the next step in the formalized six step process can be initiated.

Step four involves the nurse educators taking the newly approved policy and procedure and developing education for the staff to include a competency and evaluation method to ensure sustainability.

Step five is the formal review process in which the organization through committee vote would recommend the EBP change be implemented. The designated committee would need to review the new policy and procedure and nursing education plan. According to Lewin’s change theory the nurse leader should expect unfreezing to occur (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011).
Staff education on EBP change signifies the final step. The nurse educators should implement the approved education plan with the assistance and support from the nurse leaders and staff. The patient may feel safe in knowing their care is based on evidence and is held with such high standard within the organization. Lewin’s moving stage would occur during this step (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011). Refreezing is the final step in Lewin’s change theory and would be reached once the staff accepted the EBP change as part of the current culture (Hatch & Cunliffe, 2006; Roussel & Swansburg, 2013; Bower, 2011).

**Evaluation and Timeline for Implementation and Assessment**

The timeline for implementing the formalized six step process from bringing an EBP change idea forward to achieving sustainability is relatively quick. The proposed recommendation would allow for 7-9 months when implementing EBP change. The follow up for sustainability requires an additional month of work.

The proposed timeline could resemble the following the Education plan of EBP change.
### Table 8

*Education plan for EBP change*

**One Month Education Plan following**

<table>
<thead>
<tr>
<th>Time frame</th>
<th>Education plan</th>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 weeks</td>
<td>Introduce EBP change using didactic education</td>
<td>Utilize education platform to add didactic education and post test</td>
</tr>
<tr>
<td>1 -3 weeks</td>
<td>Return demonstration with nurse educator if applicable</td>
<td>Nurse educator will set up realistic setting to provide a return demonstration setting for staff</td>
</tr>
<tr>
<td>3-4 weeks</td>
<td>Incorporate EBP change into nursing practice</td>
<td>Staff will incorporate learnings regarding EBP change into daily nursing practice</td>
</tr>
<tr>
<td>3 months (to be done three months after incorporating EBP into nursing practice)</td>
<td>Validate retention of EBP change into nursing practice</td>
<td>Nurse educator will validate using one or more of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Return demonstration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Real time monitoring of staff</td>
</tr>
</tbody>
</table>
Implications

The effects of implementing a pilot study using the formalized six step process to implement EBP change may allow the organization and stakeholders to develop a standardized method. The standardized method ensures a model is available for all to follow. Steps should not be bypassed and it may highlight units to be streamlined for more efficient use of time and resources.

The proposed solution using the pilot study is applicable in any setting that requires EBP change to occur. This is not restricted to just a stroke deemed unit. If all units and disciplines in the organization that have EBP change are using the same six-step process and methods of implementation all units will be working together using a team approach rather than working in silos. The ability to collaborate on EBP change projects will become a new reality.

Practical Implications

While this study is phenomenological and not generalizable, it does have implications for other practitioners. A clear method when implementing EBP change brings confidence to staff and patients that leaders in charge of healthcare changes are focused and driven to provide the best care available. The organization may have more satisfied staff and patients resulting in staff retention, being identified as a desired place to work and positive patient reviews may result in cost effective care and better patient safety outcomes. The organization may be able to evaluate if the formalized six step process pilot should be adopted, revised or replaced. The ability to have choices when building from a solid foundation shows inner reflection and growth of an organization. It
is the responsibility of the organization to lead by example and guide the path for which they wish to attain

**Recommendations for Further Study**

The analysis of qualitative results in the present study revealed that nurse leader is on the frontline when introducing EBP change to the staff. A standardized implementation processes for EBP change requires further study in order to develop a consistent process that every nurse leader may follow.

Future research is necessary to develop a clearer understanding of the staff nurse’s perception of EBP change impacting nursing practice. Understanding what the end user identifies as important or how it affects their daily nursing practice will assist in developing a standardized process for implementing EBP.

Throughout this study recommendations for future research became obvious. The proposed recommendations include but are not limited to:

1. Identify and explain the complexity of a nurse leader’s multifaceted daily role.
2. Describe the perceived coping strategies used by nurse leaders to deal with role responsibilities.
3. Explore the amount of take home work a nurse leader identifies as expected or deemed acceptable.
4. Identify the process of how an organization determines which EBP change model to immolate.
5. Study staff perception on EBP and EBP change and how it impacts direct patient care.
6. Study of nurse leader orientation practice focusing on the implementation and sustainability of the organizations identified change method or process.

7. Study of nurse leader perception regarding the correlation between EBP and VBP.

8. Determine how an organization validates the replication of following the organizations standardized process when implementing EBP change.

9. Replication of this study is recommended.

Additional information from further studies would expand the understanding and help identify the nurse leader role in EBP change.

**Conclusions and Implications**

Nurse leaders identified higher education as being the source for their learning about EBP change. EBP is the scientific way to problem-solve facilitating best clinical decisions and is a component of the nurse leaders higher education process (Trinsey, 2016). In the six-step process the nurse leaders understanding of EBP should be able to assists in determining what is best practice and gathering evidence to support EBP change (Mick, 2017).

Staff in this study were recognized by the nurse leader as lacking a clear understanding of EBP and how it directly impacts the care being provided to the patient. According to Holle & Rudolph (2018) the nurse leader is responsible to educate staff on EBP and the value it contributes to quality and safe patient care. Using the six-step process of implementing EBP staff are educated on EBP and the connection to nursing practice (Mick, 2017).
The nurse leader is responsible for understanding the staff nurse workload, updating staff on EBP changes and carrying out a process for implementing the changes; as well as communicating effectively the direction of the unit in accordance with organizational goals (Prichard, 2017; Hennrick, Brennan & Monturo, 2016; Kerzner, 2013). The study revealed the nurse leader work environment provides an opportunity to develop an EBP culture in which the staff may are able to understand its value and sustain it (Holle & Rudolph, 2018). Establishing a formalized process to implement EBP change was recognized by nurse leaders to be a tool they may use to initiate and sustain EBP change. It is important for the nurse leaders to review and adopt a formalized process such as the six-step process suggested as a solution as a result of this study (Mick, 2017).

**Summary**

The study used a phenomenological approach to understand how nurse leaders effectively implement EBP change while keeping in pace with medical advancements. Individual and group interviews were conducted to explore the experiences of the nurse leader in implementing EBP due to medical advancements. The study findings showed several insights into the role of a nurse leader in charge of implementing EBP. Examples include nurse leaders were found to spend the bulk of their day in communication through huddles, meeting or rounding. The nurse leaders also identified 12 EBP process they were currently implementing with more upcoming. Nurse leaders shared staff nurse education lacked EBP training. This caused another layer of responsibility for the nurse leader to contend with in their already busy day. A process to initiate EBP by the organization was not followed or taught to nurse leaders which made sustaining EBP
change a challenge. The conclusion of this study incorporated the understanding of EBP change by the nurse leader through their advanced education and a lack of education by the staff on EBP. The conclusion led to a realization that a formalized process is necessary to implement and sustain EBP to include educating the staff. I would recommend the use of a six-step formalized process to coordinate EBP change within an organization. It is important to have a process that is succinct and focused on the organizations needs to be successful. In the future repeating the study once the organization has implemented a formalized process of implementing EBP would be helpful to determine if the recommendation from this study is successful.
References


Hasa (February 20, 2017). Difference between case study and phenomenology. *PEDIAA.*


Appendix A

IRB Letter of approval from Methodist Health System

February 26, 2019

Loretta Pearce
PO Box 395
Elkhorn, NE 68022

Dear Ms. Pierce,

The Nebraska Methodist Hospital Institutional Review Board granted approval to the following minimal risk study:

A Study of Implementing Nursing Practice Change Based on Evidenced Based Practice

Date of Action: February 25, 2019
Expires: February 25, 2020

Type of review: Expedited Review

The Nebraska Methodist Hospital IRB operates in compliance with federal laws and regulations governing Institutional review boards, including the federal Common Rule and FDA regulations. The Methodist IRB operates under the following federal-wide assurance number: FWA 00003377

Implementation/continuation of this study is subject to the requirements and standards set forth in the Nebraska Methodist Hospital Handbook for IRB Members and Investigators. You should particularly note the statements of Ethical Principles under Tab II of the Handbook, and the Investigator Responsibilities and Standards under Tab VI.

Should you have any questions please do not hesitate to contact the Chairman of the Institutional Review Board or the Medical Staff Office at 354-4038.

Sincerely,

William Lydiatt, M.D.
Chairman, Institutional Review Board
(402) 354-4038 – phone
(402) 354-4786 – fax
Appendix B

IRB Letter of approval from Creighton University

Creighton University

Institutional Review Board
2500 California Plaza - Omaha, Nebraska 68178
phone: 402.280.2120 • fax: 402.280.4706 • email: irb@creighton.edu

DATE: March 25, 2019
TC: Loretta Pierce, BSN MSN
FROM: Creighton University IRB-02 Social Behavioral
SUBMISSION TYPE: New Project
ACTION: EXTERNAL REVIEW
EFFECTIVE DATE: March 25, 2019
TYPE OF REVIEW: Administrative Review

Thank you for your submission of New Project materials for this project. The following items were reviewed in this submission:

* Consent Form - Consent form CU.docx (UPDATED: 01/11/2019)
* Creighton - IRB Application Form - Creighton - IRB Application Form (UPDATED: 01/11/2016)

It has determined that as per policy, Creighton University may rely on the Nebraska Methodist Hospital Institutional Review Board for ethical oversight of this project.

You have satisfied all the conditions required by the Creighton University Institutional External Review policy and therefore you may proceed with this study without Creighton University IRB additional oversight.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Kathleen Stibbs at (402) 280-2126 or kathleenstibbs@creighton.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Creighton University IRB-02 Social Behavioral's records.
Appendix C

Letter of Participation

Date: ____________
Dear ________________________:

Title of Evidence Based Practice or Research Study: A Study of Implementing Nursing Practice Change Based on Evidenced Based Practice.

Invitation: Loretta Pierce is a registered nurse performing a phenomenological study to explore the experiences of the nurse leader in implementing EBP change due to medical advancements. Although the study will not benefit you directly, examining the results of the study may assist the nurse leader with developing meaningful implementation of EBP as medical advancements continue to transform the future.

Why are you being asked to be in this study? This phenomenological study will take place at Methodist Jennie Edmundson Hospital (MJEH) in order to explore the experiences of nurse leaders involved with the stroke program that implement EBP due to medical advancements. The identified nurse leaders will be individually interviewed concentrating on the implemented EBP change to nursing staff. Identified nurse leaders involved with the stroke program will be interviewed in a group format.

Why are we doing this study? The results of this study may be used to enhance an educational curriculum for training the nurse leader in implementing EBP changes.

What will be done during the study? In-depth interview: The researcher will provide time for a response along with the ability of the nurse leader to expand on thoughts related to implementing EBP change during the in-depth individual interview. The researcher will follow up in the in-depth semi-structured interview including spontaneous questions that were designed to expand on the discussion. Focus group interview: The researcher will facilitate the focus group interview allowing for discussion, responses and thoughts to be expanded upon related to implementing EBP change (Fusch & Ness, 2015). The researcher will follow up in the focus group interview with semi-structured and spontaneous questions designed to expand on the discussion.

What are the possible risks of being in this research study? There is potential for breach of confidentiality. To protect against this: All audio data will be kept secured on the researcher’s locked smart phone accessed by facial recognition and or code access. The written notes will be kept secured in locked desk drawer in the researcher’s residence. At the conclusion of the research to protect against breach of confidentiality; all written data will be discarded in a shred bin at Methodist Health System and all
recorded data will be erased.

**What are the possible benefits to you? Potential Subject Benefits:** There are no known benefits to the individual subjects. **Potential Benefits to be Gained:** Examining the results of the study may assist the nurse leader with developing meaningful implementation of EBP as medical advancements continue to transform the future.

**What are the alternatives to being in this research study?** There are no alternatives for a secondary study. Participation in this study is voluntary, you are under no obligation to participate. You have the right to withdraw at any time without any consequence.

**What will being in this research study cost you?** No cost to participants

**Will you be paid for being in this research study?** No payment will be given for participating in this study.

**How will health information about you be protected?** No health information will be a part of this study. The study data will be coded so information collected will not be linked to your name. Your identity will not be revealed while the study is being conducted or when the study is reported or published. All study data will be collected by Loretta Pierce, stored in a secure place, and not shared with any other person without your permission.

**What will happen if you decide not to be in this research study?** Your participation in this study is voluntary, you are under no obligation to participate.

**What will happen if you decide to stop participating once you start the study?** You have the right to withdraw at any time without any consequence.

**Documentation of informed consent:** You are freely making a decision whether to be in this research study. Signing this form means that:

- You have had the consent form explained to you.
- You have read and understand this consent form.
- You have had your questions answered.
- You have voluntarily decided to participate in this research study.
- If you have questions, you have talked with or been directed to talk to one of the investigators listed below on this consent form.
- You will be given a dated and signed copy of this consent form to keep.

If at any time you have questions concerning your rights as a research subject or about this study, you may call the Methodist Hospital Institutional Review Board (IRB) at 402-354-4035.
Appendix D

Bill of Rights for Research Participants

As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.

2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.

3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study?

4. To be told about the reasonably foreseeable risks of being in the study.

5. To be told about the possible benefits of being in the study.

6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.

7. To be told who will have access to information collected about you and how your confidentiality will be protected.

8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.

9. If the study involves treatment or therapy:
   
   a. To be told about the other non-research treatment choices you have.

   b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment?
Appendix E

**Open Coding Category Outline**

Routine of day: varies each day

Communication: through huddles of various types that occur throughout the day

- Staff
- Executive team
- Safety
- Nurse Leader team

Communication: rounding of various types that occur throughout the day

- Staff
- Nurse Leader
- Patient
- Executive team

Communication: Meetings

Meetings were identified as being time consumers for the nurse leader

Practice change request driven through various avenues

- Policy changes
- Policy development
- The Joint Commission
- Governing bodies
- Literature review
- EBP
- Manufacture recommendations
Management request
Medical Team request
Committee work
Staff
Nurse Leaders
Case Managers
Patients

Nurse Leader were educated in EBP through

Self-education
Bachelor program
Master’s program
Doctoral program

Examples of implementing EBP change

NG tube and suction level
Chest pain care guided by Joint Commission disease specific guidelines
Multi-disciplinary rounding at the bedside
Manager rounding
Bedside shift report
Daily audits to ensure care is being carried out according to EBP such as VTE
Skin to skin
NIH Stroke Scale performed each shift guided by Joint Commission disease specific guidelines
STEMI process guided by Joint Commission disease specific guidelines
Restraint use
Suicide proofing room for patients identified to be at risk for suicide attempt
Antimicrobial stewardship

EBP change implemented on Nurse Leader’s unit

There is a consistent process to be followed at this facility which includes the following steps

- Research or identified need for change in practice is established by single person or committee
- Change in practice is explored through committee work to verify meets EBP guidelines
- Committee then determines best way to roll out EBP change
- Educators are involved with the roll out of EBP change through developed education that is then given to the staff
- Educators work with staff through testing and demonstration of EBP change
- Educators or Nurse Leaders are to follow up to ensure EBP remains the practice (not followed consistently and EBP may be sporadically followed by staff)

New employees are taught the correct way/EBP then the educator will circle round during orientation to verify they are continuing to follow EBP in daily practice

Unit only EBP change involves one on one teaching by nurse leader or educator that is signed off once staff prove proficiency
EBP Value

Pushes us as a hospital to improve and provide current safe practice

More efficient workflow

Easier for the nurse to know what to do

Safer for the patient

Helps to get staff to understand the importance of EBP

EBP is the best for the patient and is why we are here

Gives staff a way to back up what they are doing in practice

Can lead to decreased length of stay (LOS) for the patient

EBP provides a roadmap of how to practice on your unit

Monetary value due to EBP impacting VBP; EBP complements the CMS metrics and decrease penalty if followed

Good outcomes

Decreased readmission

Unit collaborating with other units to implement EBP change

Sometimes we work together well especially with the stroke guidelines

Each unit believes they are busier that the other causing implementation of EBP changes to become a struggle

Employee survey results reviled staffs believe they have good working relationship with other departments

We do better when we have standards and goals that we all need to meet

Silo work can become an issue for some units

Nurse leader knows when to implement EBP change
When outcomes are not where they should be

When we are preparing for a certification or identify best practice

Some comes out across the health system related to nursing practice

Policies and Electronic Medical Record are standardized

Look at current practice and identify gap between EBP and more than one reputable source of literature finding

Nurse leader is expected to implement EBP change

Look at current practice and identify needs for change

Address policy and procedure

Educate staff

Verify education has been received

Set go live date to implement EBP

Follow up with return demonstration from staff or competency in 30 days

Update policy

Monthly education by nurse educators

Orientation for new staff to cover EBP specific for the unit

Quality measures help track effective implementation of EBP through PI project review
Appendix F

Axial Coding Category Outline

What is a typical day like on your unit?

  Huddle
  Rounding
  Report
  Staffing

*Overarching theme identified is communication. Most of the time spent as nurse leader involves communicating using various methods with leaders of the organization, staff and patients.*

Tell me about a time when you were asked to make changes in nursing practice.

  NG tube (given twice)
  Nursing shortage
  Vent
  Decreased admission history
  Discharge process
  IV starts
  ED throughput
  Decrease nursing load
  Stroke
  Bedside mobility asset tool (BMAT)
  Opioids
The identified central theme evolves around the number of EBP changes a nurse leader is asked to implement altering nursing practice on their unit.

Tell me how you are educated in EBP.

- BSN
- MSN
- Research
- Self-taught

Advanced education overwhelmingly was identified as the theme in which nurse leaders became educated on the topic of EBP.

Tell me about a time when you asked to implement EBP.

- JC guidelines disease specific certification – CP and Stroke
- NIH Stroke Scale each shift
- Stroke alert process (given twice)
- Restraints
- Antimicrobial stewardship
- Bedside rounds (given twice)
- Shift reports
- Mother/baby-Skin to Skin

The identified fundamental theme developed around the number of EBP changes the nurse leader implement on their unit.

Typically, how is EBP change implemented on your unit?

- Education
- Competency/Test
Management

The identified theme evolved around a two-step process for implementing EBP change in the nurse leaders unit comprised of staff education and competency verification.

What value if any, has been derived from the implementation of change in your unit?

Improved patient outcomes

Establish safe practice

The predominant theme given by nurse leaders regarding the value of EBP change included patient outcomes and safe practice.

Describe how each of your units works together

We do better at working together if we have standards and goals to follow.

The employee survey revealed staff felt there was a good working relationship between departments.

The main theme identified was inconsistency in collaboration with other units which fostered a silo atmosphere at times.

Describe how the nurse leaders know when to implement EBP change.

When outcomes are below acceptable standard of care or do not meet EBP guidelines

When preparing for JC disease specific certification

Health system policy that drives standardized practice

Gap is identified between current practice and EBP

The major theme identified was a formal direction for EBP change and implementation derived from regulations, certifications and policy.
Describe how the nurse leader is expected to implement EBP change.

Current standardized procedure: review current practice; identify need for change; address change in policy and procedure; educate staff; validate understanding of staff through testing or competency; set go live date for new practice; follow up with return demonstration in 30 days after implementation to validate retention.

The principal theme identified by nurse leaders was the organization's formal process for implementing EBP had issues with consistent use and sustainability.