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Education and Mentoring of Staff Nurses in Evidence Based Practice

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Walden University

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Walden University
2016

Abstract

Education and Mentoring of Staff Nurses in Evidence-Based Practice

by

Sherri L. Smith-Keys

MSN, Regis University, 2012

BSN, University of Texas at Arlington, 1984

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

December, 2016

Abstract

Current gaps in nursing practice can decrease by the translation, implementation, and dissemination of evidence-based practice (EBP). The purpose of this project was to provide staff nurses with EBP education and mentoring in identifying and addressing nursing practice issues using EBP to manage patient care. The Advancing Research & Clinical Practice through Close Collaboration (ARCC) and the social cognitive theory were used as a framework to guide this project development, which addressed if medical surgical nurses receiving education in EBP practice led to improved use, implementation, and improved best practice outcomes. Seven randomly selected medical surgical nurses from a local community 200-bed hospital were recruited to participate in this project. The participants were placed in a quiet room and asked to complete a pre ARCC EBP Beliefs Scale survey, review newly developed EBP education tool, and complete a post ARCC EBP Beliefs Scale survey. The EBP Beliefs Scale (EBPB) survey was used pre and post EBP educational tool review and consisted of 16 statements addressing nurses' beliefs about EBP knowledge. This survey also addressed the implementation of EBP into nursing practice. Descriptive statistical analysis was used to analyze the surveys. The results of the survey show a positive correlation between receiving education and mentoring with utilizing EBP in nursing practice. The results of this quality improvement project's social impact will improve collaboration in healthcare organizations and nursing staff to improve the use, translation, and dissemination of EBP projects for patient care improvements and overall improved patient care outcomes.

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Dedication

I would like to dedicate this project in memory of my mother, Bertha Mae Smith, who always told me I could do anything I wanted to do. Thanks "Ma" for instilling the power of being positive and working hard in me. I would also like to dedicate this project to Mattie Keys, my mother-in-law, for encouraging me to stand strong and finish what you start. Thanks "Big Mama."

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Section 1: Nature of the Project

Introduction

There has been a paradigm shift when it comes to planning and implementing the nursing care of patients. According to Soukup and McCleish (2008), advancing evidence-based practice empowers nurses to use their mentored partnerships to strengthen their critical thinking, their use of research findings, and their inter-professional contributions that lead to best practice. Florence Nightingale, nursing's first mentor, stated "the foundation of clinical practice use of evidence was to guide clinical decision making" (as cited in White & Dudley-Brown, 2012, p. 3).

The nursing process guides practice and patient outcomes; it is taught and practiced while in nursing school and beyond. This framework has evolved in nursing through the use of evidence-based practice that sets the standard of practice and leads to improved methods of care and improved patient outcomes (White & Dudley-Brown, 2012). In this project, I answered the following questions:

1. What are staff nurses' attitudes about evidence-based practice?

2. Would education make a difference in nursing knowledge about evidence-based practice?

3. What extent do staff nurses use research in their practice?

4. Will mentoring staff nurses increase use of evidence-based practice guidelines?

5. What are the effects of staff nurses' education in evidence-based practice?

The results of this study can be used to improve patient outcomes because of implementing and disseminating the best evidence available. Melnyk (2007) reports that implementation of evidence-based care has published results of a 28% improvement in patient outcomes

Problem Statement

Although nursing's body of integrated knowledge includes empirical, ethical, personal knowing, and sociopolitical theories, evidenced-based practice strategies demand the use of critically questioning old and new research findings. Stillwell, Fineout-Overholt, Melnyk, and Williamson (2010) stated that a spirit of inquiry and a culture that supports it will encourage nursing staff to reason and ask the questions that lead to best practice and improved patient care outcomes. Therefore the implementation, evaluation, and dissemination of evidence, are essential for patients to receive the best care possible and for staff nurses to elevate their level of practice using research (Fineout-Overholt & Johnston, 2006). This project may lead to improved patient care outcomes, use of best practice, and nursing empowerment and improved satisfaction through the use of evidence-based practice implementation

Purpose

The purpose of this study was to facilitate staff nurses in providing best practice using evidence-based guidelines to direct their care. The current nursing gaps in practice are mitigated by the discovery of new research, the translation of this research, and the implementation and dissemination of this research.

Project Objectives and Research Questions

Can staff nurses receiving education and mentoring in evidence-based practice lead to improved use, implementation, and dissemination of best practice outcomes? Results of education and mentoring in evidenced based practice; the staff nurse can identify and state clinical area problem(s); complete a literature search on evidence-based best practice of identified clinical problems; benchmark findings for institution use of quality improvement measures; create policy and procedure for practice changes; pilot new procedures and gather data; and disseminate procedures, data, and pilot studies of empirical outcomes at the organizational level.

Defined Terms

For the purpose of this study the italicized words or phrases are defined below:

- *Dissemination* – Communication of research findings by presentations and publications to a variety of audiences, such as nurses, other health professionals, policy developers, and consumers (Burns & Grove, 2009, p 697).

- *Evidence-based practice* – A plan of care is developed using the best available evidence and clinical expertise, as well as the patient's perspective (Terry, 2012, p 14).

- *Focus Groups* – Groups that are designed to obtain participants' perceptions in a specific (or focused) area in a setting that is permissive and non-threatening (Burns & Grove, 2009, p 701).

- *Framework* – Abstract, logical structure of meaning that guides development of the study and enables the researcher to link the findings to the body of knowledge for nursing (Burns & Grove, 2009, p 701).

- *Implication* – Meaning of the research conclusions for the body of knowledge and practice in nursing (Burns & Grove, 2009, p 703).

- *Mentor* – Someone who serves as a teacher, guide, the exemplary for a novice or protégé (Burns& Grove, 2009, p 708).

- *Translation* – Transforming from one language to another to facilitate understanding; interpreting research outcomes where results get interpreted in findings (Burns & Grove, 2009, p 725).

Assumptions and Limitations

The assumptions in this project were that staff nurses needed both education and mentoring in the use and implementation of evidence-based practice in their clinical settings. The plan was to educate and mentor nurses in the evidence-based practice process. Limitations were working with a small sample of staff nurses.

Summary

The evolution and shifting paradigm of evidence-based practice will continue in health care as nurses lead the path to improved practice that leads to improved patient outcomes. The doctoral nursing practitioner (DNP) role is pivotal in educating and mentoring staff nurses in the use, implementation, and dissemination of evidence-based practice. The data gathered from the capstone project was used to evaluate the education and mentored facilitation of staff nurses in the use of evidence-based practice. Through

the education and mentored use of research, nursing staff will implement expert

knowledge guided by the needs of the patient and family that leads to defining a

successful process.

Section 2 follows and is an overview of the concepts, models, and/or theories being used,

their relevance to nursing practice, institutional applicability, and the role of the DNP

related to the facets of evidence-based practice implementation.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

The barriers that exist in the implementation of evidenced-based practices, such as a lack of knowledge, inability to retrieve research materials, deficiency in skills to evaluate research, and a lack of administrative support have led many leaders and institutions to draw on evidence based practice with the expectations that this would lead to improved quality of care and a reduction in healthcare cost (Wilson et al., 2015, p. 12). The shifting paradigm of evidence based practice will continue in healthcare as nurses continue to lead the path to improved patient outcomes. This project will lead to improved knowledge and competencies in evidence based practice through nursing's increasing use in real-world clinical settings. A literature review related to the facets of evidence based practice implementation, historical components, stakeholder involvement, and gaps in practice is listed below.

Evidence Based Practice

Evidence based practice (EBP) informs caring and clinical practices with the best available knowledge, validating the profession of nursing as being grounded in science (Bradshaw, 2010). Muirgray (1997) defined EBP as an approach to decision making where the clinician's use of the best evidence available combined with the patient's needs for recovery results in the decision for planned care. EBP is defined as a problem-solving approach that focuses on the integration of the best evidence, clinician expertise, and patient/family preference (Baigis & Hughes, 2001; Melnyk & Fineout-Overholt, 2011).

Smith and Donzel (2009) estimated that 50% of change efforts fail because of limited pre readiness by the organization is completed. Organizational acceptance involves clearly defined facilitator roles and goals (Dogherty, Harrison, & Graham, 2010). Organizational support is critical to provide the time, skills, and knowledge to promote a supportive EBP culture (Bradshaw, 2010). Interdisciplinary EBP remains exclusive rather than inclusive and the collaborations between healthcare professionals are foundational for improved patient care. The health care system will benefit from mentors as well (Newhouse & Spring, 2010).

Nursing

The purpose of this project was to improve nursing knowledge of EBP. Historically nurses made decisions based on rituals, traditions, communication with peers, novice knowledge, and physician preference. According to (Brown et al., 2010; and Melnyk et al. p. 192 (2004) "The strength of a nurse's knowledge and skills in the advancement of EBP are consistent with access to EBP mentors and is necessary for the consistent implementation that results in the best patient outcomes." Providing a way to reduce practice gaps in nursing through the discovery of new evidence, translation of evidence, implementation, and the dissemination of evidence to improve patient outcomes. Improved patient outcomes are observed when EBP is used in nursing care.

Increasing concerns by regulatory agencies that health care has sustainable outcomes and collaborative interdisciplinary efforts to create outcome criteria to enhance patient care (Jack, Roberts, & Wilson, 2003). In a study on the relationship between knowledge and EBP, Melnyk et al. (2004) found that there was a gap present in the extent

to which nursing practice is evidence-based. Over the past 10 years, EBP has become a dominant theme of practice, education, and policy in health care (Bradshaw, 2010). EBP is a worldwide healthcare initiative that is being recommended by agencies such as Institute of Medicine (IOM) and; The Joint Commission, and American Nursing Credentialing Center (ANCC), the agency that awards Magnet status (Smith & Donze, 2009).

EBP strategies demand questioning old and new research findings, as well as what is taking place at the bedside. According to Stillwell, Fineout-Overholt, Melnyk, & Williamson (2010) a spirit of inquiry and a culture that supports it encourages nurses to clinically reason and ask questions leads to improved patient outcomes. Implementation of evidence is essential for patients to receive the best care possible (Fineout-Overholt & Johnston, 2006). A nurse's responsibility to conduct 24-hour surveillance, 7 days a week is a significant contribution to the delivery of patient care.

The provision of safety measures, quality patient care, and resultant best outcomes is the goal of an ongoing synthesis of evidence, patient preference, and clinical expertise (Estrada, 2009). EBP in clinical delivery requires synthesis, translation, and exchange of findings; these attributes strengthen healthcare, inform policy, and improve practice decisions (Forsyth, Wright, Scherb, & Gaspar, 2010). The education that nurses receive in the 20th century is no longer adequate in the 21st century because patient needs are more complex, and competency in EBP is necessary to deliver high-quality care (IOM, 2010).

Sustaining improvements and adherence to EBP within an organization is important to continually improving outcomes and the pursuit of excellence in practice (Mark, Latimer, & Hardy, 2010, p 57). The IOM (2010) set a goal for nursing empowerment and improved patient outcomes. According to Melnyk et al. (2004), nursing knowledge and skill set development using EBP through mentored facilitation empowers nurses and improves patient outcomes. The use of evidence based care leads to improved quality of care and improved patient and nursing satisfaction.

Concepts, Models, and Theories

The advancing research & clinical practice through close collaboration (ARCC), a mentorship framework that assists advanced practice nurses in implementing EBP guided this project study. I used the ARCC to assist with researching the implementation of the EBP strategies (Wallen, Mitchell, Melnyk, Fineout-Overholt, & Miller-Davis, 2010). The social cognitive theory was also used in this study, which states that individuals may learn and make changes by direct experience (Bandura, 2004). White and Dudley-Brown (2012) state that behavior changes, as this project hopes to cause are affected by several concepts such as personal, behavioral attributes, and outward environmental factors.

Advancing Research and Clinical Practice Through Close Collaboration Model

According to the (ARCC) model, a collaboration between nursing and medicine is needed to translate into clinical practice while still sustainable EBP in health care (Fineout-Overholt, Melnyk, & Schultz, 2005; Melnyk, Fineout-Overholt, Giggleman, & Cruz, 2010; Schaffer, Sandau, & Diedrick, 2012). The ARCC premise is that patient outcomes are improved with a nurse's use and implementation of research combined with

nursing expertise and guided mentoring and facilitation of the EBP process (Fineout-Overholt, Melnyk, & Schultz, 2005).

Social Cognitive Theory

The social cognitive theory of Albert Bandura was used in this project. According to Bahn (2001), Bandura believed that collective powerlessness creates an inability to understand how to move forward in translating evidence into clinical practice, thus leading to poor implementation and resultant poor outcomes for the patient. Bahn (2001) emphasized the use of nurse teachers who promote self-empowerment allowing for improved understanding to critically analyze their current practice.

Bandura according to Bahn (2001) also emphasized the use of behavioral modeling in acquiring necessary cognitive skills that lead the nurse to experience increased motivation and positive reinforcement in the delivery of EBP. ARCC strategies (Lewin et al., 2011) are based on the social behavioral theory that contends that an individual's behavior is based upon how he or she thinks or his or her belief system. Modeling (Bandura, 1997) and mentoring (Fineout et al, 2005; Wallen et al., 2010) are used to increase a nurse's confidence in his or her ability to implement EBP, which may lead to consistent practice. Currently, few researchers have examined interventions to increase the nurse's satisfaction and related effect of improved outcomes for the patient (Lewin et al., 2011).

Relevance to Nursing Practice

Sustaining improvements and adherence to evidence-based practices within an organization leads to continually improving outcomes, and the pursuit of excellence in

practice (Mark, Latimer, & Hardy, 2010, p 57). Empowering nurses with EBP is the

newest skill-set required for improved patient outcomes. Improved quality of care and

improved patient and nursing satisfaction are also relevant findings.

The ARCC model includes five steps: (a) organizational culture and readiness, (b)

identified strengths and barriers to EBP success, (c) selection of mentors, (d)

organizational autonomy to implement EBP, and (e) evaluation of practice changes and

determination of sustainable outcomes. These five steps lead to gaining organizational

and patient trust that helps in sustaining the best outcomes.

According to Lewin, Fineout-Overholt, Melnyk, Barnes, and Vetter (2011) the

ARCC model includes a control theory premise that nurses will seek to achieve practice

standards as set or goals by implementing EBP consistently. The ARCC model's central

idea of using mentoring or coaching of (EBP) implementation is the theme of this project

that nurses will seek to achieve the standard as set or goal by implementing EBP

consistently. The ARCC model's central idea of using mentoring or coaching of

evidence-based practice (EBP) implementation is the theme of this DNP project.

Role of the DNP

I have practice nursing for over 30 years and in that time I have learned that

collaboration in research base practice results in best outcome for all involved. The DNP

role elevates the level of nursing care delivery through advocacy, clinical support and

practice and collaborator roles. Empowerment through guided facilitation of staff by

educational mentorship in the utilization of evidence-based practice is very exciting and

necessary for the future of nursing practice. The necessity of nurses understanding how

to utilize the research is critical to our profession. Interdisciplinary collaboration and outcome evaluation also lead to improved knowledge of the latest research.

My practicum site has many nurses that have worked in this institution for over 30 years and define evidence-based practice as "calling another hospital and asking for policy and practice standards." This project will empower and improve nursing practice through education and mentoring for many that have lost their way over the years. I am looking forward to the transition and excitement of staff as they learn the process and actively participate in policy and procedure developments based upon their active projects chosen to improve care and outcomes in their nursing unit.

Background Context

Patient outcomes and clinical decisions are influenced with use of evidence-based practice. According to Fineout-Overholt, Melnyk, and Schultz (2005) evidence-based practice (EBP), is the spirit of inquiry in the foundation of the clinical scholar. This practice assist other members of the healthcare team in the use of evidence (research) for improved patient care and outcomes while placing the nurse in the leadership role in generating this new science.

Evidence-based practice is a method of improved clinical practice while practicing in the most cost-effective manner. Barriers do exist in the implementation of evidenced-based practices such as lack of knowledge, inability to retrieve research materials, deficiency in skills to evaluate research and lack of administrative support. The exodus from the usual standard of care and the beginning of evidenced-based

practice received an added impetus after the Institute of Medicine's (IOM) report on the state of healthcare.

"This report led many leaders and institutions to draw on evidence-based practice with the high expectations that this would lead to improved quality of care and a reduction in healthcare cost (Wilson, Sleutel, Newcomb, Behan, Walsh, Wells, & Baldwin, 2015, p12)." The implementation of evidenced-based practice launched nursing into a framework model that prompts nursing staff to question why we do these things if we do not know if potential outcomes work in a manner that delivers optimal outcomes (White & Dudley-Brown, 2012).

Summary

Sustainable improvements in healthcare and outcomes result from the translation, implementation, and dissemination of evidence-based research. The improved education and mentoring of evidence-based guidelines does relieve the gaps in knowledge to translate and implement research findings. Finally, evidence-based competencies will guide in the education and mentoring of nursing staff.

Section 3 follows and addresses the collection and analysis of evidence. Items include practice-focused questions, sources of evidence: published outcomes and research, participants and procedures, and protections.

Section 3: Methodology

Introduction

A nurse's knowledge and skills in the advancement of EBP are improved with consistent access to mentors is the proposal of this capstone project. Consistent implementation of research results in the best patient outcomes (Melnyk et al., 2004). The barriers that exist in the implementation of EBP such as a lack of knowledge, inability to retrieve research materials, deficiency in skills to evaluate research, and a lack of administrative support have led many leaders and institutions to draw on EBP with the expectations that this will lead to improved quality of care and a reduction in healthcare cost (Wilson et al., 2015, p12).

Project Design and Methods

In this study, I conducted an evaluation of staff nurses' knowledge of evidence-based practice to include their understanding, translation, implementation, and dissemination of EBP in the care of their patients. The ARCC model was the framework that guided the EBP process of nurses working in a small community hospital. In this project, I examined an improved examined an improved knowledge based on the education and mentoring received. Participants received a pre-survey, two research articles, an education module, and a post-survey; data were tracked to evaluate changes in beliefs about EBP.

The research question addressed in this project was the following:

1. Will education and mentoring make a difference in nursing knowledge about
   EBP?

Population and Sampling

Inclusion criterion was registered nurses; the exclusion criterion was the
noncompletion of the education module and in-service. All participants are free to
withdraw with notification to me. The participants were not compensated to participate
in the study.

Data Collection

Instrument

Data collection consisted of a pre and post survey, education (self-study)
modules, and in-service. A sample of the survey contained the following questions:
(a) What does EBP mean to you? (b) Where does EBP fall among priorities at your
facility? (c) What needs to happen to make EBP a consistent part of the culture at your
facility? and (d) What are the barriers to EBP at your facility?

Protection (Institutional Review Board)

The Institutional Review Board (IRB) of Walden University reviews research to
determine that the benefits of the study outweigh the risks for those participating in the
study. Walden University promotes student development for nurse leaders and scholar-
practitioners. The IRB reviews the theoretical, empirical, and experiential application of
knowledge that leads to the evaluation and improvement of a research project and

outcomes (Walden, 2015). The (IRB) approved my application for the study entitled,

"Education and Mentoring of Staff Nurses in Evidence Based Practice" on June 24, 2016,

my approval number is 06-24-16-0384439 and my IRB approval expires on June 23,

2017.

Data Analysis

Nursing staff and organizational/facility leaders agreed to participate in this

project. In this project, I evaluated nursing staff pre and post education and mentoring in

EBP. I used descriptive statistics. Descriptive statistics via averages and percentages are

used to describe and synthesize data (Polit & Tetano Beck, 2012). I had access to the data

at the completion of the study. All data were kept in a secure storage area. Disposal of

data will occur per IRB policy.

Summary

The project was qualitative in nature using a sample group of random nursing staff. Following necessary approvals, data were collected from the pre and post surveys. The ARCC on EBP beliefs created by Melnyk and Fineout-Overholt (2011) was used to discuss EBP with administrative/organizational leaders in the advancement of EBP guidelines.

Section 4 follows and addresses the findings and recommendations of the evidence. Items covered include the study design and summary of evidence, implications for clinical practice, future research, and the evaluation of strengths and limitations.

Section 4: Findings and Recommendations

Introduction

The purpose of the DNP capstone project was to provide both education and facilitation of staff nurses in the use of EBP. The current gaps in nursing practice are mitigated by the discovery of new research and its translation, implementation, and dissemination. I hope that improved patient outcomes are the result of increasing EBP use by nursing staff.

Research Question

The following research question was used in this study:

1. Will staff nurses that receive education and mentoring in EBP lead to improved use, implementation, and dissemination of best practice outcomes?

Study Design

A cross-sectional design was used to gather data. The survey collection method was chosen to produce data based on the real-world beliefs of night shift staff nurses about EBP. The sample (N=7) was a representative sample that can be generalized to a larger population (across the organization). The EBP belief tool was used to categorize information about the attitudes of respondents. I used a convenience sampling for ease of recruitment; staff RNs were approached and invited face to face to participate in a short in-service detailing the study.

Summary of Evidence

The design of this project provided a less restrictive process for night staff nurses to participate through the completion of a pre survey, self-monitored module, and post

survey. The project was limited in scope to evaluating the changes in evidence-based beliefs and providing a basis for future expansion organization-wide. In the evaluation of this project, I found that staff nurses were interested in understanding evidence-based research and using it in their own practice.

After the official approval from the Walden University IRB, the planned study and validation for this project was initiated. Seven randomly selected registered nurses were approached and asked to participate in a voluntary capacity in the completion of the project's content validation. Their voluntary consent to participate was obtained after a review of project, risks, and benefits outlined in the document. Participants received a short in-service about the purpose of the study, a review of the EBP process, and study procedure. All participants were asked to complete a pre survey and return it to me at the point of acceptance.

The participants were then given a copy of their consent to participate, an educational self-study module and a post-survey to complete within 7 days (maximum 10 days). The completed modules and surveys were placed in folders by participants and placed in an accordion file for collection. The completed surveys were linked to pre survey use values (001, 002.); all raw data were placed at my residence in a secured file. The seven completed packets underwent descriptive statistical analysis using a frequency distribution, central tendency (mean values) and critical summative analysis for meaning and implications.

The evaluative tool used in this study was the Evidence-Based Practice Beliefs Scale (EBP-B). Permission was granted from advancing research and clinical practice

through close collaboration (ARCC) prior to use of this tool. The EBP Beliefs Scale

(EBPB) consisted of 16 statements addressing nurses' beliefs about EBP knowledge.

This scale also addressed the implementation of EBP into nursing practice.

The survey items on the EBPB scale had Likert range from 1 to 5 with 1

indicating *strongly disagree* and a scale of 5 indicating *strongly agree*.

Figure 1 describes the relationship between the respondents, the Likert scale, and the

agreement.

Likert Scale Selection	*Level of Agreement*	*Score*
1	Strongly Disagree	16-31
2	Disagree	32-47
3	Neither Agree or Disagree	48-63
4	Agree	64-79
5	Strongly Agree	80

Figure 1. Likert score ranges for the evidence-based practice beliefs scale
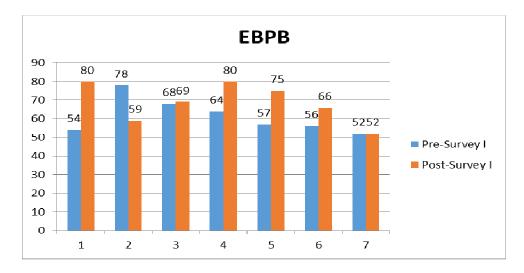

Figure 2. Nurses score ranges pre and post using the evidence-based practice beliefs scale

The overall score on the EBP Beliefs Scale indicated that participants agreed 75% overall to EBP beliefs (Figure 2). Specifically, in response to the items (I believe that EBP results in the best clinical care for patients and I am sure that evidence-based guidelines can improve clinical care), the majority of participants indicated agree or strongly agree, demonstrating a positive attitude toward EBP for patient care.

The EBP Beliefs scales for individual findings were reported in Figure 3. The categories of *agree* and *strongly agree* (Likert-scale scores of 4 and 5) were combined for the EBP Beliefs scale so that only the positive belief frequencies were reported.

Percentages for the Evidence-Based Practice (EBP) Beliefs Scale (N=7)	Agree and Strongly Agree (%)	
I believe that EBP results in the best clinical care for patients	7	100%
I am clear about the steps of EBP.	6	86%
I am sure that I can implement EBP.	7	100%
I believe that critically appraising evidence is an important step in the EBP process.	7	100%
I am sure that evidence-based guidelines can improve clinical care.	7	100%
I believe that I can search for the best evidence to answer clinical questions in a time efficient way	6	86%
I believe that I can overcome barriers in implementing EBP.	6	86%
I am sure that I can implement in a time efficient way.	6	86%
I am sure that implementing EBP will improve the care that I deliver to my patients.	7	100%
I am sure how to measure the outcomes of clinical care.	6	86%
I believe that EBP takes too much time.	2	29%
I am sure that I can access the best resources in order to implement EBP.	6	86%
I believe EBP is difficult.	3	43%
I know how to implement EBP sufficiently enough to make practice changes.	6	86%
I am confident about my ability to implement EBP where I work.	5	71%
I believe the care that I deliver is evidence-based.	6	86%

Figure 3. EBP Beliefs scales individual.

Social Change

This project has implications for social change in healthcare through clinical practice changes based upon implementing EBP. Key strategies in the integration of EBP are creating awareness and interest, building knowledge and commitment, promoting action and adoption, and pursuing integration and sustained use (Hanrahan et al., 2015). Further dissemination through funded project management, academia, and other professionals can lead to improved inter-professional collaborative efforts to bring about sustainable improvements in practice and data-driven improved patient outcomes.

Project Evaluation

The project evaluation begins at the start of the project. The determination of a qualitative and/or quantitative process determines steps necessary in the appraisal stage. Through this project, I sought to identify beliefs and level of agreements about responses.

Strengths and Limitations

The strengths of this project were the results and the data collected to demonstrate nursing beliefs about EBP and likelihood to use in practice. The strength of the EBPB scale's validity for data collection utilized in the study, and the support received from my Walden committee. The limitations to the project were time-frame barriers, technology concerns, and the small sample size.

Recommendations

The findings from this project were positive and demonstrate that EBP can be used for institutional quality improvement. Upon graduation, I plan to return to this site and complete a larger scale EBP project. I will recommend collaboration between the

organization (staff nurses) and advanced practice nursing mentors to facilitate EBP

within the institution.

Section 5: Dissemination Plan

I plan to disseminate my scholarly outcomes to the project organization, the academic community, project based stakeholders, and other health professionals to validate that my needs assessment has merit and value. I am excited to educate and mentor nurses on a larger scale. I would like to have multiple EBP projects taking place throughout the hospital.

I also plan to submit my abstract for acceptance to a nursing conference with focus on evidence based practice. I also have publication aspirations and will seek to publish after project completion on a larger scale. I would also like to collaborate with nursing and other professionals to close the gaps in healthcare delivery through evidence-based practice.

Analysis of Self

Patience and Perseverance have become my biggest allies and my biggest enemies over the past two years. I began the DNP journey with a goal of completion in two years, and now three years later I realize the necessity for the scholarly process and pathway. I currently work in an accelerated nursing BSN program and I am excited about the opportunities to educate future nurses in EBP.

Scholar

Scholarly research is a hallmark of doctoral education and the DNP graduate applies this knowledge to find a solution to a problem by applying new science and evaluating new knowledge (Terry, 2012, p11). The DNP path has allowed me to complete a needs assessment, utilize research and theories, and integrate and translate knowledge to improve clinical practice and patient outcomes.

Future Development

The evolution of my nursing practice has grown and continues to reach new heights through my ability to understand and use best practice in a profession that I love. The completion of this project has empowered me to continue seeking out problems and developing educational programs to mentor staff nurses and students in the power of translating the evidence into practice.

Summary and Conclusions

The overarching goal of this DNP project was to address the gaps in the nursing profession and the use of evidence-based practice in driving practice decisions in the care of patients. The project sought to answer, **"**Does education and mentoring of nurses in the use of evidence-based practice guidelines improve knowledge and use of research?" The ARCC, a mentorship framework that assists advanced practice nurses in implementing evidence-based practice guided this project study. ARCC will also assist with researching the implementation of the EBP strategies (Wallen, et al., 2010).

The use of ARCC's evidence-based practice beliefs tool was used to gather data for project validation. These findings were positive and resulted in an invitation to

complete a larger study on an organizational level with administrative support. The

dissemination of this project through presentations orally and written will validate for the

need to use EBP.

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Appendix A: Invitation to Participate

Dear Nursing Staff:

My name is Sherri Smith-Keys, I am currently a doctoral student at Walden University and I am investigating if nurses receiving education and mentoring in evidence-based practice will utilize these guidelines in directing their patient care.

I would greatly appreciate your participation in this project which will involve completing a questionnaire that will take 5-10 minutes to complete in a face to face manner.

The information on the questionnaire will be kept confidential and all staff participating will get identified by number and/or code for analysis purposes only in the project reports that I prepare. I will send a separate invitation for that.

If you have any questions about the project, please feel free to email me at sherri.smith-keys@waldenu.edu
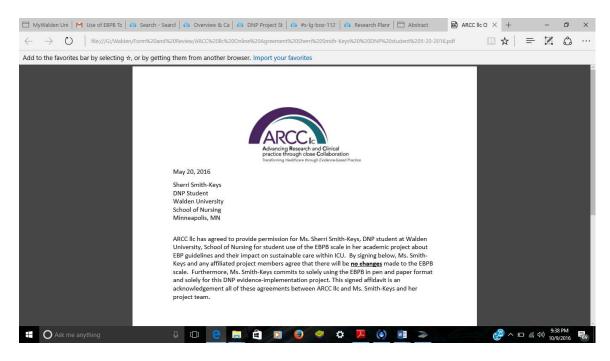
If you are interested in participating in the study, please notify me by email and I will send you the dates that I am at the hospital with full instructions and consent forms.

Thank you in advance for your consideration and assistance with this research project.

Sincerely,

Sherri Smith-Keys

Appendix B: ARCC Consent

May 20, 2016

Sherri Smith-Keys
DNP Student
Walden University
School of Nursing
Minneapolis, MN

ARCC llc has agreed to provide permission for Ms. Sherri Smith-Keys, DNP student at Walden University, School of Nursing for student use of the EBPB scale in her academic project about EBP guidelines and their impact on sustainable care within ICU. By signing below, Ms. Smith-Keys and any affiliated project members agree that there will be **no changes** made to the EBPB scale. Furthermore, Ms. Smith-Keys commits to solely using the EBPB in pen and paper format and solely for this DNP evidence-implementation project. This signed affidavit is an acknowledgement all of these agreements between ARCC llc and Ms. Smith-Keys and her project team.

Appendix C: Evidence Based Practice Beliefs Scale