



## Implementing EBP Column

# Transformation of Organizational Culture Through the Use of a Nursing Research Facilitator

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This column shares the best evidence-based strategies and innovative ideas on how to facilitate the learning and implementation of EBP principles and processes by clinicians as well as nursing and interprofessional students. Guidelines for submission are available at <http://onlinelibrary.wiley.com/journal/10.1111/ISSN1741-6787>

### BACKGROUND

Hospitals seek to engage direct care clinicians in research and evidence-based practice (EBP) projects; however, projects often are not implemented or sustained due to lack of knowledge and resources (Stavor, Zedreck-Gonzalez, & Hoffmann, 2017). A Nursing Research Facilitator (NRF) is a doctorally prepared nurse with the role to support clinical nursing staff in EBP and research projects at every level, from planning through publishing. The role of the NRF has positive outcomes on nursing professional development and promotion of EBP and research in the clinical setting (Highfield, Collier, Collins, & Crowley, 2016). In this case, formal contracts were established between university faculty and two community hospitals, which are part of a larger healthcare system.

The primary aim of the partnership of the NRF and the hospitals is to support, guide, and mentor direct care clinicians through the EBP and research process. The NRF supports clinicians from the beginning stages of an EBP or research project through the dissemination phase. In the beginning phases, the NRF helps to guide the question, discern the appropriate approach, and provide the direction through the Institutional Review Board (IRB) application, when indicated. The NRF facilitates open conversation between direct care clinicians and nursing administration about ongoing projects and the needs of the clinicians completing the EBP or research process. Supporting clinical nursing staff through the EBP or research process is essential because these projects may be a part of the professional model within the hospital's organization and the projects highlight nursing outcomes for institutions striving for national recognition.

### DESCRIPTION OF STRATEGY

Direct care clinicians struggle with initiating EBP and research projects without outside support (Warren et al., 2016). Organizational leadership may offer speakers, classes, or lectures to support the efforts; however, often these supports are not sufficient to move projects to completion. The NRF's unique contribution is their ability to provide a tailored approach to each EBP or research project that addresses the diverse range of educational levels and interests of direct care clinicians who are involved. For example, the NRF may assist with survey development, sample size calculation, study timeline, or preparation of results for dissemination.

### BENEFIT OF THE NRF TO DIRECT CARE CLINICIANS

NRF partnerships increase clinicians' engagement in research and the implementation of EBP (Beal, 2012) by identifying barriers to scholarship and developing strategies around them. Importantly, the NRF helps clinicians to understand that obstacles are inevitable, and adjustments may be required but they are not an end to the process.

The initial groundwork of NRFs is labor intensive, particularly in institutions where EBP is stalled or immature. Initial successful experience results in a cohort of nurses who can then act as peer mentors for future projects. Implementation of the NRF role aims to fulfill the need for mentorship for direct care clinicians. Strong mentorship to those in direct care roles is vital when implementing a research or EBP program (Melnyk, 2007;

Melnyk, Fineout-Overholt, Gigglesman, & Choy, 2017). The NRF provides support through helping clinicians develop a growth mindset when it comes to inquiry, supporting the project development process, redirection of negative feedback, and ensuring that early EBP projects are positive experiences. Providing this type of support is vital to the sustainability of a developing nursing EBP and research program.

An academic partnership helps facilitate relationships with clinical faculty to strengthen ties between universities and clinical practice sites. These extended clinical partnerships can serve as fertile ground for collaborative activities. At this organization, the NRFs work as freelance consultants with specific contracts outlining time commitments. The NRF benefits the clinical institution by having flexibility within the role, allowing the NRF to accommodate for various nursing shifts, schedules, and locations. For nurses, the flexibility of a freelance consultant is critical to move projects forward in off-shift hours. The NRF benefits academic institutions by developing strong partnerships. For schools, which offer ongoing education or certificate programs, the NRF serves as an important intermediary to pull faculty into clinical initiatives and to entice clinical partners into the academic setting. In one recent EBP project, nurses came to film an intervention scenario at the University simulation center to improve the quality of bedside handoff report. Students had the opportunity to see clinicians develop clinical simulation scenarios, learn from experienced nurses working in the field, and engage with the EBP process.

## RESULTS

Prior to the engagement with an NRF, two EBP projects were completed between both institutions. Since the implementation of the NRF, there have been 22 projects undertaken (20 of which were led by direct care clinicians), 13 new IRB applications approved, and 10 abstracts accepted to local, regional, or national conferences. In short, the growth in the success in EBP and research engagement has been significant.

## NEXT STEPS

In our roles as NRFs, we will continue to support a culture of EBP and research within the organization and promote the implementation and sustainability of direct care clinician projects. We find great value in remaining accessible through one-on-one consultations, encouraging the support of innovative ideas, and through coaching clinicians new to the EBP and research process to present findings. We strive for organizational change through a mentoring role, while continuing to foster an environment that promotes EBP through both an educational and an institutional pathway.

## DISSEMINATION

Academic-practice partnerships are an innovative method of merging resources and forging relationships to strengthen the nursing community. The NRFs are present at local and regional EBP and research symposiums, solidifying the mentoring role. Nursing achievements are shared with local and regional audiences through poster presentations and nurses who are coached through the academic-practice partnership are encouraged to share their work beyond the institution. **WVN**



### LINKING EVIDENCE TO ACTION

- NRFs facilitate a reciprocal relationship between an academic and a clinical organization to promote the use and implementation of evidence-based practices across multiple nursing specialties.
- Implementing NRFs promotes the use of best practices when completing EBP and research projects.
- Implementing NRFs can improve the EBP and research productivity of clinical nurses.

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## References

- Beal, J. A. (2012). Academic-service partnerships in nursing: An integrative review. *Nursing Research and Practice*, 2012, 1–9. <https://doi.org/10.1155/2012/501564>
- Highfield, M. E. F., Collier, A., Collins, M., & Crowley, M. (2016). Partnering to promote evidence-based practice in a community hospital. *Journal for Nurses in Professional Development*, 32(3), 130–136. <https://doi.org/10.1097/NND.0000000000000227>
- Melnyk, B. (2007). The evidence-based practice mentor: A promising strategy for implementing and sustaining EBP in healthcare systems. *Worldviews on Evidence-Based Nursing*, 4(3), 123–125. <https://doi.org/10.1111/j.1741-6787.2007.00094.x>
- Melnyk, B. M., Fineout-Overholt, E., Gigglesman, M., & Choy, K. (2017). A test of the ARCC model improves implementation of evidence-based practice, healthcare culture, and patient outcomes. *Worldviews on Evidence-Based Nursing*, 14(1), 5–9. <https://doi.org/10.1111/wvn.12188>

Stavor, D. C., Zedreck-Gonzalez, J., & Hoffmann, R. L. (2017). Improving the use of evidence-based practice and research utilization through the identification of barriers to implementation in a critical access hospital. *Journal of Nursing Administration*, 47(1), 56–61. <https://doi.org/10.1097/NNA.0000000000000437>

Warren, J. I., McLaughlin, M., Bardsley, J., Eich, J., Esche, C. A., Kropkowski, L., & Risch, S. (2016). The strengths and challenges of implementing EBP

in healthcare systems. *Worldviews on Evidence-Based Nursing*, 13(1), 15–24. <https://doi.org/10.1111/wvn.12149>

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10.1111/wvn.12406

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