Study of 23 advanced-practice nurses suggest that their ability to facilitate evidence-based practice among frontline nurses is influenced by their personal attributes, relationships with stakeholders, responsibility and workload and organisational context

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Implications for practice and research

- Role development of advance practice nurses (APNs) and organisational culture are important contributing factors for the adoption of evidence-based practice (EBP) by nurses.
- Nursing and APN workload were factors limiting adoption of EBP.
- Education on EBP, leadership and facilitation should be part of all APN education.
- Further research across a range of settings is needed to determine additional factors that may influence adoption of EBP.

Context

The importance of utilising EBP to enhance patient care is known, yet frontline nurses (FLNs) remain slow to adopt.1 APNs have been noted to utilise EBP within their own practices2 and promote such practices among teams.3 This suggests that APN may influence FLNs’ adoption of EBP. However, data are limited on factors that enable or inhibit APNs’ ability to promote EBP among FLNs.

Methods

Twenty-three APNs were interviewed and observed in a multiple case study design. For 18 APNs, five healthcare professionals (nurses and other professions) were interviewed. Five APNs and n=10 healthcare professionals were included in an extended study.

Interviews focussed on perceived factors (organisational and individual) influencing APNs’ ability to promote EBP among FLNs. Duration of interviews was 60 min for APNs and 40 min for other participants.

Findings

Four main themes emerged. Personal attributes including APNs’ advanced clinical knowledge, understanding of EBP, clinical credibility and leadership style were found to be important. Relationships with stakeholders, FLN as well as managers and medical staff, were also found to be key factors. The organisational context was also found to be important. This included available resources, FLN workload, the organisational culture to promote EBP and resources available. Finally factors relating to the APN role were also found to be important. This included workload and the actual practice patterns of the individual APN.

The APNs studied were from a variety of practice settings (hospital and community) in a broad range of roles (eg, clinical nurse specialists, nurse consultants, matrons and practice development nurses). No nurse practitioners were included. FLNs were senior (managers and charge nurses) and junior (staff nurses and nursing assistants) nurses.

Commentary

Gerrish et al provide new data on the context of APNs’ influence on EBP for FLNs. The analytical strategy was well described and consistent with rigorous qualitative research.4 Details lacking in the methodology limit broader interpretation and transferability. The distinction between data derived via interview versus observation is not clear, the numbers and types of team participants are not described and the educational preparation of the APNs and the length of time each APN had been in the role all may have influence on the factors outlined. The focus on educational preparation from this study is significant, but may be mitigated in other jurisdictions where graduate entry to practice is the norm for APNs.5

The relevance of APNs in an era of shrinking health-care financial and human resources is important as nursing leaders and administrators determine how to maximise their value.6 Key to the proposed utility of APNs is the ability to not only provide excellent direct clinical care, but also empower and augment existing nursing roles.2 3 6 This study outlines many factors that enable or limit APNs’ influence on EBP; therefore these results offer an important contribution towards understanding the additional value which APNs provide within healthcare systems.
It is imperative that nursing leaders and educators ensure APNs are prepared and able to lead EBP initiatives. It is also important that empowerment of FLN occurs through leadership and facilitation as other studies suggest there is a risk to nurses’ critical thinking with the implementation of APN roles.6

**Competing interests** None.

**References**