



# Upgrading bachelor nurses in EBP: An evaluation of the introduction of a three day educational program in a Dutch General Hospital

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## Background

In the Netherlands the professional profiles of nurses (1999) were re-evaluated by a professional association of nurses (V&VN) and the Dutch Government. This resulted in 2016 in new profiles of nursing (Nursing profiles 2020). Till recently, there were 2 different levels of nursing in a hospital setting, which were not distinctive from each other. The new standard is to differentiate between two types of nurses: the bachelor-nurse (BSc) and nurse. Since 2016 the Institutes for Nursing Education started with the education according to the Nursing profiles 2020. But the BSc now working in the hospitals are educated according to the old profiles, miss skills or are undereducated to act on the new level of BSc. This resulted in an educational program for the BSc in hospitals. These changed profiles lead to a new role of BSc on the ward. The Martini General Hospital in Groningen(MGH) educate the BSc in team nursing with 4 specific areas to fit into the new profile: clinical reasoning, nursing leadership, coaching and Evidence Based Practice (EBP). Besides theoretical education, training on the job is an essential part in the educational programs and provides a better learning curve. The EBP-training, developed by 2 EBP-experts, was subtracted from the already successfully implemented 60 hours EBP program(60hEP) on knowledge, skills, attitudes and perceived barriers of nurses, which resulted in a 3 day (24 hours) educational program(3DEP) and a follow up training on the job. Reasons to develop a new strategy to implement EBP for BSc is the large group of nurses who need to be educated in a short notice of time ( $\pm$  175 BSc before 2020), the costs and that EBP needs introduction and consolidation on the ward.

## Aim

Aim of this abstract is to evaluate the developed knowledge, skills, attitudes, and perceived barriers in EBP by BSc after introduction of an 3DEP and training on the job.

## Methods

A 3DEP was developed by 2 EBP-experts, including: acknowledgement of a clinical uncertainty, searching for clinical evidence, appraising evidence, apply and implement the results in daily practice. Learning goal of the program is to educate the BSc theoretically on a user level of EBP. After this education the BSc will be accompanied by the EBP-experts to use EBP in daily practice. This guidance in EBP on the ward takes 1-2 hours monthly for a group of 2-4 BSc. By open interviewing and monitoring of the education process the experience and results of the attending BSc were discussed. Also the staff of the wards were interviewed about their experiences so far with EBP and the limitation of implementation of EBP.

## Results

The 3DEP with the training on the job was implemented successfully. Nurses and staff were enthusiastic about EBP in daily practice. Their beliefs in the power of EBP is increased, but time is a limiting factor. This has been appointed by the BSc and staff. It takes time and effort to implement EBP on the ward. Training on the job must be maintained. Besides time, the BSc are insecure about their EBP skills after training. This implicates the need to visualize the learning curve for BSc.

## Discussion and conclusion

The development of 3DEP was limited by time and organizational problems.

Interviews with the staff before starting the 3DEP showed a gap in available vs. necessary hours on the ward for implementation and consolidation of EBP.

Also a limitation was available time to educate BSc. The development of the 3DEP for BSc had a limited timeframe. Therefore time to educate BSc was restricted. In the 60hEP there is sufficient time for theory and performance of EBP. Measurement of the skills at the baseline and follow-up assessment consists of two questionnaires each. In the 3DEP the evaluation was done by interviewing and monitoring of the education process, because of the limitation in time during the program. This limited the power of the conclusion.

Another limitation was the timing of the implementation in the MGH. The implementation of EBP on the ward in a changing working environment due to the changing of the professional profiles was challenging. BSc were saturated in their changing role as BSc on the ward with the additional educational programs in the hospital, increasing working load on the ward.

There is also a high turnover of nurses due to a national shortage of nurses. This complicated the implementation and consolidation because of time and effort to introduce the new nurses in their new job.

Because of the insecurity on EBP skills by BSc there is a chance that the main goal of EBP training on the job has a smaller chance to succeed. A practical development instrument for BSc is needed.

Implement EBP in a changing nursing environment is challenging, but possible. Time and a cooperating board are essential for a successful implementation and consolidation of EBP by BSc on the wards.

To visualize the learning curve for BSc a validated questionnaire as a development tool will be used in future training programs.