Opportunities and challenges in communicating evidence to nurse leaders: Experiences of online course in Finland and China

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About 28 million nurses make up over half of the world's health care professionals (WHO 2023).

Nurse leaders are in an important position in supporting the adaptation of evidence-based knowledge in nursing.

Nurse leaders themselves are slow in adapting evidence in their own work.

Decisions made by nurse leaders are often based on experience, intuition, and personal views.
AIMS

- To describe the engagement of nurse leaders in online evidence-based leadership course
- To explore opportunities and challenges in communicating evidence to nurse leaders
Definition of the evidence-based leadership (Barends et al. 2014)

(1) a clearly stated leadership problem, question or issue identified in practice,

(2) organisational evidence or data about the leadership problem collected and analysed to check for relevance and validity; the problem is restated, reformulated or made more specific,

(3) scientific evidence from published research about the leadership problem identified and critically appraised,

(4) the views of stakeholders (patients, clinicians, family members, etc.) are considered, together with ethical implications of the decision; and

(5) all sources of information are critically appraised
METHODS

• Two randomised, parallel-group **feasibility trials** simultaneously in Finland and China (N=300)

• Nurse leaders randomly allocated in two groups (1:1)

• **Online training intervention groups:**
  1: **Experimental group:** activating learning material, tutors, peer support via Moodle
  2: **Active control group:** reading material only in Moodle (stand-alone)
Online training course

- To improve evidence-based leadership competences for nurse leaders in hospitals
- Xiaoe Teach, Moodle
- 7 modules, 7 months online course
- Free of charge
- Based on each participant’s learning needs

Table S1. Module topics and tasks of the Intervention

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<tr>
<th>Module</th>
<th>Topic</th>
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<tr>
<td>1</td>
<td>Orientation and leadership problem identification</td>
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<tr>
<td>2</td>
<td>Leadership problems and competences</td>
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<td>3</td>
<td>Collecting and analysing organizational information</td>
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<td>4</td>
<td>Collecting evidence from scientific literature to support problem solving</td>
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<td>5</td>
<td>Considering stakeholders’ views</td>
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<td>6</td>
<td>Implementation of evidence-based change</td>
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<td>Evaluation of evidence-based change</td>
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RESULTS
Course participation in Finland and China

N=300

N=119/160 74.3%

N=26/140 18.6%

N=119/160

N=26/140
The total number of logins

FINLAND

CHINA
Number of nurse leaders who returned course tasks

FINLAND

CHINA

Number of students

Number of students
OPPORTUNITIES

• Participants perceived the course with great importance
• Course tasks were based on real leadership problems
• Those who finalised the course saw it extremely helpful
• Hands-on learning opportunities
• Only one university in China provides nursing leadership courses for master students - leadership training is offered in hospitals

CHALLENGES

• A lack of time and energy to join and finalise course tasks
• The idea of evidence-based approach was challenging
LIMITATIONS

FINLAND
- Low participation rate (strike, COVID-19)
- High drop-out
- A lack of real organisational support (e.g. time)
  – Nurse leaders’ unclear role in practice development

CHINA
- Difficult to be aware of participants’ real capacities and skills to use online methods
- Extra ‘token’, extra hands-on training, support in technical issues
- Nurses wait orders from others what to do:
  ◦ How relevant evidence-based approach is on daily bases?
CONCLUSIONS

• Who are the most important target groups for evidence-based training?
• How to engage people to participate in training courses?
• **Compulsory** or **voluntary**?
• Extra payment for participation?
• How to support in learning tasks to avoid early drop-out?
• Robust RCT study is needed to assess the effectiveness of the online training course in full-scale RCT study design