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Original Citation

Gerrish, Kate, Nolan, Mike, McDonnell, Ann, Tod, Angel, Kirshbaum, Marilyn and Guillaume, Louise (2012) Factors Influencing Advanced Practice Nurses' Ability to Promote Evidence-Based Practice among Frontline Nurses. *Worldviews on Evidence-Based Nursing*, 9 (1). pp. 30-39. ISSN 1545102X

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FACTORS INFLUENCING ADVANCED PRACTICE NURSES' ABILITY TO PROMOTE EVIDENCE-BASED PRACTICE AMONG FRONTLINE NURSES

ABSTRACT

Background

Advanced practice nurses have an important role in promoting evidence-based practice among frontline nurses. Factors influencing frontline nurses' engagement with evidence-based practice are well documented but little is known about factors which affect advanced practice nurses' ability to facilitate evidence in practice.

Aims

To identify factors that influence advanced practice nurses' ability to promote evidence-based practice among frontline nurses.

Methods

A collective instrumental case study of 23 advanced practice nurses from hospital and primary care settings across seven English health authorities was undertaken. Data collection comprised interviews and observation of advanced practice nurses and interviews with frontline nurses and other healthcare professionals. Data were analysed using the Framework approach.

Findings

Four groups of influencing factors were identified. i) The personal attributes of advanced practice nurses included knowledge and skills in evidence-based practice, clinical credibility with frontline staff and leadership style. ii) The relationships with stakeholders included advanced practice nurses' interactions with frontline nurses and the level of support from managers and medical colleagues. iii) Aspects of the advanced practice nurse role included

their sphere of responsibility and workload. iv) The organisational context included the organisational culture, frontline nurses' workload, professional networks and available resources.

Implications

Educational preparation for advanced practice nurses should enable them to develop expertise in evidence-based practice plus interpersonal and leadership skills to manage relational dynamics in clinical settings. Advanced practice nurse role specifications should provide the opportunity to promote evidence-based practice. The organisational culture should be conducive to enabling evidence-based practice with managers supportive of this aspect of the advanced practice nurse's role.

Conclusions

Advanced practice nurses need to be supported to address the individual, interpersonal and organisational factors which influence their ability to promote evidence-based practice. Organisational commitment at the highest level is key to APNs' ability to fulfil this aspect of their role.

Key words: evidence-based practice, advanced practice nurses, frontline nurses, case study,

BACKGROUND

Despite the increased availability of research findings on the effectiveness of nursing interventions and evidence-based guidelines to inform practice, frontline nurses' (FLNs) use of evidence leaves considerable room for improvement (Parahoo 2000; Squires et al 2007). The barriers to research use among FLNs are similar irrespective of context. Reviews of international studies examining barriers to research use (Nolan & Cooke 2002; Markussen 2007) identified common barriers relating to i) a lack of knowledge and skills on the part of the individual nurse to identify and appraise research reports, ii) an organisational context which is unsupportive, in particular insufficient time to access and review research reports together with lack of authority and support to implement findings, iii) a failure of researchers to communicate their research findings effectively to practitioners iv) a lack research which is perceived by practitioners to be relevant to practice.

In a more recent survey of FLNs, Gerrish et al (2008) adopted a broad definition of evidence-based practice (EBP) which extended beyond the use of research findings, to include other forms of evidence such as national guidelines and organisational information. Whereas achieving EBP remains a challenge, Gerrish et al's findings suggest that progress is being made. Senior FLNs appear more confident than junior FLNs in using different sources of evidence, utilising formal sources of knowledge and in gleaning knowledge about patients and the organisation. In contrast, junior FLNs are more aware of barriers to changing practice and accessing evidence-based information.

Several studies have examined the types of evidence that FLNs use and how they acquire it. Nurses are most likely to gain knowledge to inform their practice from the workplace, rather than by reading journals. This includes *formal knowledge* acquired from in-house training and policy manuals and *experiential knowledge* gained from caring for patients and

interactions with more experienced colleagues (Estabrooks 1998; Estabrooks et al 2005; Spenceley et al 2008).

A number of studies have highlighted the pivotal role of advanced practice nurses (APNs) in promoting EBP among FLNs. Thompson et al (2001a) identify that APNs disseminate evidence to FLNs, whereas Milner et al (2005) suggest that APNs act as knowledge brokers helping FLNs make links between evidence and practice. In a recent cross-sectional survey of 855 APNs in the UK, Gerrish et al (2011) identified that APNs actively seek to facilitate EBP among FLNs not only by disseminating evidence but also by working alongside FLNs and assisting them to solve clinical problems. APNs were also instrumental in developing and implementing evidence-based guidelines. Role modelling, impromptu teaching opportunities in clinical settings and formal training were used to raise FLNs' awareness of best practice and support nurses to implement and evaluate evidence-based change (Gerrish et al 2011). In a survey of Canadian clinical nurse specialists (CNS) self-reported uses of evidence, Profetto-McGrath et al (2010) identified how CNS' commonly use evidence to facilitate improvements in patient care (ranked 1st out of 14) , in their face-to-face discussions with FLNs (ranked 2nd), and to develop policies and protocols (ranked 6th). The study identified that for approximately three quarters of CNS' surveyed, communication skills, nursing expertise, credibility with FLNs and being present in practice settings facilitated CNS' use and dissemination of evidence. In contrast, half the CNS' identified that their multiple roles, together with the heavy workload and time constraints experienced by FLNs were the most commonly experienced barriers to EBP. Likewise, Gerrish et al (2011) identified that half of APNs surveyed reported that FLNs' heavy workload made it difficult to promote EBP, and just over a third felt that their own workload adversely affected their ability to influence FLNs' practice. However other barriers to research use among FLNs were not reported to be

so great for APNs as for FLNs, for example lack of support and access to resources to support EBP were not perceived to be significant obstacles for APNs.

SIGNIFICANCE

Whereas the studies referred to above provide some insight into APNs' self-reported barriers to promoting EBP among FLNs, evidence is lacking on the broad range of factors that may facilitate or hinder APNs' fulfilling this aspect of their role. Moreover, little is known about perceived barriers from the perspective of other healthcare professions with whom APNs work. Such new knowledge is needed to further develop this important aspect of the APN's role. The study reported in this paper sought to address this gap in knowledge.

AIM

To identify factors that influence APNs' ability to promote EBP among FLNs.

METHODOLOGICAL APPROACH

In order to capture the broad range of APN roles, a collective instrumental case study design (Stake 1995) was used. Twenty three APNs who worked in hospital and primary care settings across seven Strategic Health Authorities (SHAs) in England formed the focus of individual case studies. For the purpose of the study, an APN was defined as a nurse whose role involved a component of clinical practice that required expert knowledge and skill and included, but was not be limited to, clinical nurse specialists (CNS), matrons, nurse consultants (NC), nurse practitioners and practice development nurses.

APNs who had participated in an earlier survey examining the role of APNs in promoting EBP among FLNs (Gerrish et al 2011) and had expressed interest in taking part in the case studies were recruited. A sampling matrix, based on information derived from the survey,

was developed. A purposive sample was recruited to capture maximum variation across the following criteria.

- APN role, e.g. clinical nurse specialists
- Clinical specialty, e.g. stroke
- Focus of role, e.g. clinical specialism, organisational focus
- Types of organisation e.g. hospital or primary care trust (PCT)
- Organisational responsibilities e.g. single ward/department, whole/several organisations
- Ways of working with FLNs
- Examples of innovative approaches to promoting EBP
- Geographical location across the 7 SHAs.

Data collection methods

Eighteen case studies involved interviewing the APN and five healthcare professionals who worked with the nurse. A further five extended case studies were undertaken to examine the research aim from a broader range of perspectives: they involved interviews with the APN and up to 10 healthcare professionals. Interviews explored participants' perceptions of factors which influenced APNs' ability to promote EBP among FLNs. In extended case studies, APNs were also shadowed for a day in order to gain more insight into their role in promoting EBP and a follow-up interview undertaken to reflect upon the observations made. Table 1 provides a summary of data collection.

Data analysis

Interviews were audio-recorded and transcribed. Fieldnotes of non-participant observation were analysed alongside interview transcripts. Data analysis drew upon the Framework approach (Ritchie et al 2003). An initial thematic coding framework was developed based on topics from the interview agenda and this was refined following preliminary analysis of the

transcripts. All interview transcripts and fieldnotes were then analysed using the revised coding framework.

Within-case analysis was undertaken for each case study. This is involved the systematic coding of data from each participant and then developing a matrix which drew together all data from each individual case study. Cross-case analysis was undertaken by mapping the relationship between different themes across the complete data set. This enabled common themes which were shared across case studies to be identified as well as differentiating the contextual issues which related to individual case studies.

Rigour

The research team met regularly throughout the period of data analysis to develop shared understanding and ensure consistent interpretation of themes. Within and cross-case analysis enabled inconsistencies in data to be examined and any negative cases to be identified. An audit trail of all research activity was maintained for the duration of the study.

Ethical issues and approval

Ethical approval was obtained from a NHS Research Ethics Committee. Prior to obtaining written consent, participants were provided with an information sheet outlining the purpose of the study and strategies to ensure confidentiality. All participating NHS organisations granted research governance approval to undertake the study.

FINDINGS

Table 2 details the characteristics of APNs involved in the study.

It was clear from our interviews that APNs and healthcare professionals with whom they worked shared a broad understanding of 'evidence' as a component of EBP. In addition to research publications and research products such as guidelines, participants valued evidence derived from organisational policies, audit and service evaluation activities, and clinical

knowledge gained through experience. EBP was therefore based on different types of evidence. Although APNs sought to promote the use of research evidence, they drew upon other forms of evidence identified above, especially where research evidence was lacking or they were unaware of it.

Four groups of factors influencing APNs' ability to promote EBP among FLNs were identified: personal attributes, relationships with stakeholders, the APN role, and the organisational context (see Table 3).

Personal attributes

Personal attributes which influenced an APN's ability to promote EBP included their expertise in EBP, clinical credibility and leadership style.

APNs' knowledge and skills to facilitate EBP varied with educational preparation playing an important part. Several APNs referred to the benefits of studying for a degree that advanced their clinical knowledge and which included components on research and EBP. Although APNs generally felt confident in appraising and implementing evidence-based guidelines, some were less skilled in evaluating research reports and drawing out the implications for practice. Whereas all APNs read professional journals, they varied in the extent to which they accessed research journals. Several indicated deficits their literature searching skills and relied on medical colleagues to source primary research evidence.

APNs spoke of the need to be seen as 'credible' in their clinical field in order to influence FLNs' practice. Clinical credibility was demonstrated by in-depth knowledge of the specialty and advanced clinical skills. Such expertise was developed through professional experience, graduate level education, networking with other experts and self-directed enquiry.

Maintaining clinical credibility required ongoing engagement in clinical practice.

If you're promoting EBP, you have to be credible to FLNs to be able to put the message across. If you're not spending enough time clinically, that could be an issue. (APN)

In order to gain FLNs' confidence and respect, APNs needed to understand the realities of clinical practice and the work pressures FLNs experienced. This was essential to ensure that initiatives led by APNs were perceived by FLNs to be workable and achievable.

They (APNs) need to have a realistic view of what happens on the coal face. There's no point them suggesting something if it won't work because of constraints we're working under. It doesn't matter if it's the best evidence available; they need to adapt it to what's workable. They need that street credibility. (FLN)

Street credibility was gained through interacting with FLNs.

It's about walking the walk, seeing people, having a presence, being credible with staff. This comes through face-to-face contact with us. (FLN)

There were common features of the APN's leadership style which participants considered important to facilitating EBP. Nurse managers emphasised the need for APNs to motivate and inspire FLNs to develop their practice: they should lead using a collaborative and inclusive approach.

To be effective APNs need to be enthusiastic about what they do and share that enthusiasm with others. If they want to influence FLNs, they need to motivate, encourage and inspire them to develop patient care. It's not easy. FLNs have their own pressures, some have their own agendas, so it's about influencing people, winning them over, helping them see the benefits of change. (manager)

An APN outlined how she sought to achieve this by anticipating how FLNs might respond and promoting a climate in which practice was questioned.

It's about talking with (FLNs), trying to understand how they might react, making sure I present things in a non-critical, non-threatening way. Trying to gain their opinion, draw on their expertise, supporting them. It's about getting people to be more questioning of what they're doing, encourage them to look at alternatives and challenge traditional ways of doing things. (APN)

Interpersonal and facilitation skills were identified as important to the APN's leadership role:

Personal attributes play a huge role in terms of leadership. They (APNs) need the capacity to learn and understand, engage with people, listen to what they say and alter their approach accordingly. (doctor)

It's about skills to facilitate learning and help people develop. Interpersonal skills and a way of working with ward teams that's not threatening. Not being seen as the person who does, but the person who can help us do it ourselves. (FLN)

Relationships with stakeholders

The personal attributes identified above influenced the relationships APNs established with FLNs, nurse managers and doctors which in turn affected their ability to promote EBP.

The relationships I build with people enables me to do the role, the networks, working alongside people, nurturing working relationships. Face-to-face contact is important, meeting people and understanding what they do. (APN)

APNs who managed FLNs were well placed to influence their practice. Other APNs had to establish collegial relationships with FLNs, built on mutual trust and respect as well as clinical and street credibility. Building and sustaining relationships with FLNs was more straightforward when APNs had a regular presence in clinical settings; conversely limited contact made it more difficult to influence practice.

It's much easier to influence FLNs on the stroke unit that I work with closely and have built up a good relationship than those working in areas where stroke

outliers are based but which I don't visit that often. I think it's because they don't have many stroke patients so they're less interested in stroke. It's much harder to motivate them. (APN)

Moreover, change needed to be introduced sensitively in order to engage FLNs.

It can be difficult when you know that several things need to change. If you try to push too many things too quickly, you'll lose the staff, they won't buy into it. So it's about working with them, building up relationships so that they respect you and are willing to work with you. (APN)

As the above quote indicates, an APN's approach was an influential factor, in particular how they engaged with FLNs:

It is about how APNs are perceived in terms of the team and the dynamics. If they're seen as the 'smart Alec' who waltzes in and throws a few instructions and disappears again, that's not going to be conducive to FLNs listening or learning from them. It's about how they're regarded and how they behave in the environment. (manager)

Several APNs highlighted how support from senior nurse managers enabled them to work more productively with FLNs.

For any change, if I've help from the top, from my executive nurse, it makes a big difference. Like the oral care guidance I've developed, once the committee has passed it, it'll be cascaded jointly. I'll take it forward, but (executive nurse) will be the driver, saying 'this is what we're going to do'. (APN)

However, APNs also needed to be given autonomy by managers to develop the service and be creative in facilitating EBP.

Several APNs identified benefits to having a local champion who supported them take forward initiatives. Champions were often senior doctors who helped APNs build alliances

with various stakeholders in order to overcome barriers and to win over those they were seeking to influence. This was especially beneficial when working across professional boundaries. For example, an APN in pain management explained how support from an anaesthetist had been instrumental in getting surgeons on board with initiatives she wanted to introduce for managing post-operative pain. Being a member of a cohesive and supportive multi-disciplinary team facilitated several APNs to introduce EBP.

Although many APNs benefited from professional support provided by doctors, some medical colleagues were less receptive to changes proposed by APNs due to tensions regarding professional autonomy. Managing the dynamics in such situations called upon the full repertoire of personal attributes outlined earlier.

APN roles

Two factors relating to the characteristics of APN roles influenced their ability to promote EBP: the responsibilities of the role and their workload.

The APNs in this study were selected to represent maximum variation across a range of dimensions which might influence their ability to promote EBP, including ways of working and clinical specialty. It is therefore unsurprising that their ability to promote EBP also varied. APNs whose roles involved a strong clinical component felt most able to influence FLNs as it created opportunities to promote EBP in tangible and relevant ways through informal teaching and role modelling. FLNs commented that seeing an ‘expert in action’ was a very powerful way to learn.

The multiple and sometimes conflicting role expectations of many APNs meant that it was often difficult to juggle the various demands placed on them. Where the role was ‘spread too thin’, the resultant lack of a clinical presence was a significant barrier to promoting EBP. If APNs lacked visibility in clinical settings, they were unable to establish their credibility with FLNs and act as conduits for evidence.

Lack of role clarity could hinder an APN's ability to promote EBP. For example, an APN employed by a PCT made a 20% contribution to a local hospital. The APN's lack of authority in the hospital made it difficult for her to influence practice.

(The APN) has that vision for developing the service but without line-management responsibility she can only achieve so much. There's a need for innovative service development but she doesn't have the authority in the hospital and this has hindered her impact on FLNs. (manager)

APNs whose roles spanned several organisations faced additional challenges, especially where organisations were geographically diverse. An APN in falls prevention liaised with several hospitals and GP surgeries across a county. Her ability to promote EBP had been constrained by the sheer size of her patch.

Working across multiple organisations to get agreement for change is problematic. Different stakeholders needed to come on board. The falls prevention protocol had to be agreed by several organisations; this involved approval by different committees that might each propose amendments. (APN)

APNs' heavy workload often meant that they lacked time for teaching, working alongside and role modelling for FLNs. The observational data confirmed that direct contact with FLNs was often limited and focused on solving clinical problems. Many encounters were brief, lasting less than five minutes and provided little opportunity for meaningful engagement. Contact was often with senior nurses rather than influencing junior nurses who might benefit most from the APN's expertise.

Wider organisational responsibilities often prevented APNs from engaging with FLNs.

I need to spend more time on the wards, seeing what's going on, working with staff. That's the way to improve quality. But so much of my time is spent

working on organisation-wide initiatives. It's a missed opportunity, but with my current workload I don't see a way round it. (APN)

Organisational context

The organisational culture, workload of FLNs, resources to support EBP and professional networks influenced APNs' ability to promote EBP among FLNs.

Senior managers' commitment to EBP influenced the organisational culture; they set the expectation and then created the environment that would facilitate EBP.

My role (in relation to EBP) is two-fold; to create the structures and processes that will allow EBP to develop and support APNs in fulfilling their role, but also to provide vision, leadership and expectations within the organization that enable EBP to flourish. (manager)

Where strong organisational commitment to EBP existed, other facilitative factors followed.

- A supportive infrastructure was in place; e.g. audit departments provided expertise to help APNs assess the impact of evidence-based initiatives.
- Structures and processes were in place to cascade evidence-based information throughout the organisation.
- Education and training on EBP was available to APNs and FLNs.
- Investment was made in IT and library resources.
- Work patterns were arranged to allow time for FLNs to engage in EBP.
- Senior managers led organisation-wide EBP initiatives.

A supportive organizational climate was likely to impact upon the clinical micro-system whereby FLNs were empowered to question existing practice.

We've a 'can do' culture that comes from the chief nurse. Staff feel they can approach you and say 'I'm not happy doing this, can we try X?' (APN)

Senior FLNs' leadership style influenced the receptiveness of clinical teams to change proposed by APNs. Where senior FLNs led by example and encouraged FLNs to contribute

ideas, APNs found it easier to facilitate EBP. In contrast, some APNs struggled to influence practice where senior FLNs were less embracing of change and where the involvement of APNs was not actively fostered.

Heavy workloads meant that FLNs were often unable to take advantage of opportunities APNs provided to develop their knowledge and skills. FLNs were often observed to be too busy with other commitments to accompany APNs when they were assessing or treating patients and so missed a valuable learning opportunity.

I may have the desire to be a role model and for someone to accompany me but you're constrained working in an environment where staff appear not to have the time. (APN)

APNs regarded networking as beneficial to promoting EBP. Some APNs were involved in local or regional clinical networks. Networks served several purposes. They provided information on up-to-date evidence and the opportunity to undertake collaborative work in setting standards or developing guidelines. Networks also enabled APNs to use colleagues as 'sounding boards' for taking forward initiatives and for peer support.

The Pain Network regional groups hold meetings five times a year where all the specialist nurses get together. We share audit information. We're currently looking at whether we should have a regional protocol for patient controlled analgesia and epidural observations, there is currently no evidence for what we do. ... I find the networks really useful in supporting EBP, by working together we're sharing expertise and not reinventing the wheel. (APN)

APNs were also involved in clinical networks in their organisation. These provided a forum for disseminating information and for discussing developments with FLNs and the wider multi-disciplinary team. Several APNs with organisation-wide responsibilities, such as

infection control or tissue viability, had established link nurse schemes which were valued by FLNs and APNs as a means of developing expertise in EBP.

The availability of resources also impacted upon APNs' ability to promote EBP. Access to electronic journals, a work-based library and practical assistance from librarians in obtaining information and undertaking literature reviews were valued highly by many APNs. Whereas all APNs had good IT access, the lack of IT facilities for FLNs hindered APNs' ability to disseminate evidence-based information, especially where teams were geographically dispersed in the community.

LIMITATIONS

The case studies provided insight into factors which influenced APNs' ability to promote EBP among FLNs. The sampling strategy sought to capture the perspectives of APNs who, on the basis of their responses to an earlier survey, had adopted innovative approaches to promoting EBP. It cannot be assumed that the experiences of these APNs are shared by APNs more broadly. It may be that APNs who are less innovative in EBP experience additional factors which hinder their ability to promote EBP. Although the degree of consistency with which issues were raised across the 23 case studies, give confidence to the findings, further research is warranted to assess the full transferability of the findings.

DISCUSSION

This study has identified four groups of factors which facilitate or hinder APNs' ability to promote EBP among FLNs:

- personal attributes
- relationships with stakeholders
- the APN role

- the organisational context

Although these have been presented as separate groupings they are inter-related. For example, as the findings presented above indicate, personal attributes such as the APN's leadership style and clinical credibility influenced the relational dynamics with FLNs in taking forward EBP initiatives.

Much of the literature examining nurses' attributes that support their engagement with EBP, focuses on the knowledge and skills necessary to access, appraise and use evidence in practice. Graduate education has been identified as a major contributor to nurses developing expertise in EBP (Squires et al 2011) and this was endorsed by APNs in the current study. There is a consensus in the international literature that APNs should be prepared to Masters degree level (ICN 2008) and current UK proposals concur with this view (Department of Health 2010). The findings from the earlier survey endorse this position - nurses with master's level qualifications were more likely to view themselves as competent or expert in adapting national guidelines for local implementation, setting evidence-based standards, identifying the need for change and implementing and evaluating change (Gerrish et al 2011). In the current study, additional mechanisms were identified whereby APNs acquired skills in EBP: networking with experts in the field and self-directed enquiry were also valued highly. All participants emphasised the importance of APNs being perceived as clinically credible; a view endorsed by others (Thompson et al 2001b; Profetto-McGrath 2007). As Thompson et al (2001b) observe, FLNs view APNs as a valued resource to assist in clinical decision making because they are seen to be credible and their advice can be trusted. The findings from this study elaborate on the nature of clinical credibility. Whereas APNs were perceived to be credible in terms of expertise in their clinical specialism, this was not sufficient. They also required 'street credibility' through which they demonstrated an understanding of the constraints that FLNs encountered in their everyday practice. Whereas other studies identify

that APNs require a presence in clinical settings in order to promote EBP (Thompson et al 2001b; Profetto-McGrath 2010) they say little about the knowledge exchange necessary. By gaining an understanding of the realities of clinical practice from FLNs, APNs were better able to promote their use of evidence.

Participants emphasised the need for APNs to be enthusiastic about EBP in order to motivate FLNs to develop practice. This observation is supported by a recent systematic review which identified that research use is positively associated with attitudes and beliefs (Squires et al 2011). Whereas other studies identify that nurses in clinical leadership roles facilitate EBP (Gerrish et al 2008; Pipe et al 2008) the current study suggests the APNs who adopt a transformational leadership approach through which they empower FLNs were most successful.

The relational dynamics that APNs established with colleagues were central to their ability to influence FLNs' practice. Liaschenko and Fisher (1999) draw attention to how nurses use their understanding of relationships with different professionals with whom they interact, what they refer to as 'relation knowledge', to bring about desired goals. It is evident from the current study that APNs drew upon relational knowledge to influence how they took forward EBP initiatives. Studies examining barriers to EBP have consistently identified that managers, medical staff and nursing colleagues can inhibit FLNs' use of evidence, although senior FLNs perceive these barriers to be less insurmountable than junior nurses (Gerrish et al 2008). By contrast, the earlier survey identified that very few APNs perceive these professional groups to be antagonistic to EBP (Gerrish et al 2011). The current study has identified the beneficial support that some APNs experienced from senior managers and medical colleagues. The importance of support for APN roles from influential 'champions' in the same organisation is a recurrent theme in the wider literature on the factors which need to be in place to support successful APN role development (Read et al 2001, Schober and

Affara, 2006). In this study, the part they play in supporting APNs to promote EBP is also highlighted.

The collegial relationships that APNs developed with FLNs were instrumental to their success in promoting EBP. Whereas communication skills facilitate the use and dissemination of evidence among CNS (Profetto-McGrath et al 2010); the current study expands upon the broader repertoire of interpersonal skills APNs require to manage the dynamics of the clinical setting in order to influence FLNs' practice.

In addition to the attributes of individual APNs and relational dynamics outlined above, role complexity, role conflict and excessive role demands influenced some APNs' ability to influence FLNs' practice. Read et al (2001), McCaughlan et al 2002) and Lloyd-Jones (2005), likewise identify that APNs who experience heavy workloads, role ambiguity and lack managerial support are less able to fulfil the broader remit of their roles. In contrast, organisational commitment to EBP at the highest level, when complimented by APNs having autonomy to develop their role, enabled them to identify creative opportunities to promote EBP.

IMPLICATIONS

The findings from the current study highlight the importance of education preparation for APNs. In addition to acquiring skills in EBP, APNs need to develop interpersonal skills and leadership expertise including change management, influencing, negotiating and motivational skills to manage the relational dynamics of clinical settings. APN role specifications should provide the opportunity for them to devote time to promoting EBP. APNs need to establish and maintain clinical and street credibility with FLNs whose practice they seek to influence. It is also imperative that the organisational culture is conducive to enabling EBP with systems

and processes in place to enable this activity and managers who support of this aspect of the APN's role.

CONCLUSION

Ensuring that nursing practice is based on the best evidence available should lead to improvements in patient outcomes. APNs have a pivotal role in promoting EBP among FLNs. This study has identified factors which influence APNs' ability to achieve this aspect of their role. In addition to the individual attributes and the particular characteristics of the role, APNs need to establish their clinical and street credibility and manage relational dynamics in order to influence the practice of FLNs. The culture of the organisation and the context in which APNs work also influence their ability to promote EBP. Organisational commitment at the highest level, particularly when complimented by APNs being granted autonomy to develop their role, are key to their ability to promote EBP among FLNs.

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Table 1: Summary of data collection

Type of case study	Participant	Data collection
Standard (n=18)	Advanced practice nurse	In-depth interview
	Frontline nurses, members of multi-disciplinary team (5 per case study)	Semi-structured interview
Extended (n=5)	Advanced practice nurse	In-depth interview
		Non-participant observation (1 day)
		Follow up in-depth interview
	Frontline nurses, members of multi-disciplinary team, nurse managers (approximately 10 per case study)	Semi-structured interview

Table 2: Characteristics of the APN sample

Case study	Title of post	Focus of post	Location
Standard			
	Clinical nurse specialist	Acute pain management	Hospital
	Clinical nurse specialist	Cardiac	Hospital
	Clinical nurse specialist	Falls prevention	Primary Care Trust
	Clinical nurse specialist	Nutrition support	Hospital
	Clinical nurse specialist	Tissue viability	Primary Care Trust
	TB nurse specialist	Tuberculosis services	Primary Care Trust
	Lead nurse infection control	Infection control	Hospital
	Older people outreach nurse	Older people	Hospital
	Lead nurse for care homes	Nursing / residential care home sector	Primary Care Trust
	Matron	Cardiac services	Hospital
	Community matron	Long term conditions	Primary Care Trust
	Nurse consultant	Back pain	Hospital
	Nurse consultant	Infection control	Hospital
	Nurse consultant	Sexual Health	Primary Care Trust
	Nurse consultant	Stroke	Primary Care Trust
	Nurse practitioner	Primary care	Primary Care Trust
	Practice development nurse	Cancer	Hospital
	Practice development nurse	Critical Care	Hospital
Extended			
	Lead nurse breast care	Breast care	Hospital
	Elderly care nurse specialist	Nursing / residential care home sector	Primary Care Trust
	Stroke nurse co-ordinator	Stroke	Hospital
	Matron	Renal dialysis	Hospital
	Nurse consultant	Palliative care	Primary Care Trust

Table 3 Factors influencing the APN’s ability to promote evidence-based practice among frontline nurses

APN’s personal attributes	<ul style="list-style-type: none"> Knowledge and skills in promoting evidence-based practice Clinical credibility Leadership style
Relationships with stakeholders	<ul style="list-style-type: none"> Frontline nurses Managers Medical staff
APN role	<ul style="list-style-type: none"> Sphere of responsibility Workload
Organisational context	<ul style="list-style-type: none"> Culture Workload of front-line staff Professional networks Resources
