Ron and Kathy Assaf College of Nursing
NOVA SOUTHEASTERN UNIVERSITY
NSU Florida

Enhancing Evidence-Based Practice (EBP) Knowledge Among Nurses Through a Targeted Educational Module: A Quality Improvement Project

Tonika Bruce, DNP, MSN, RN, MBA

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Introduction To The Problem

Tonika Bruce, DNP,

EBP = GPS

It’s your clinical compass

Background Information

- EBP improves outcomes
- National priority
- Gap still exists

Needs Assessment

- Variability in confidence
- Gap in application

Problem Statement

Positive Beliefs ≠ Consistent Implementation

Guiding Question

Does participation in a structured EBP educational module effect nurses' EBP beliefs and implementation behaviors, as measured by validated pre- and post-intervention assessments?

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Goals and Objectives

To deliver an interactive, tailored EBP educational module for pediatric hematology /oncology nurses.

Beliefs

90% of participating nurses will demonstrate increased EBP beliefs as measured by pre and post test.

Implementation

75% of participating nurses will demonstrate increased EBP implementation behaviors as measured by pre and post test.

EBP Escape Room

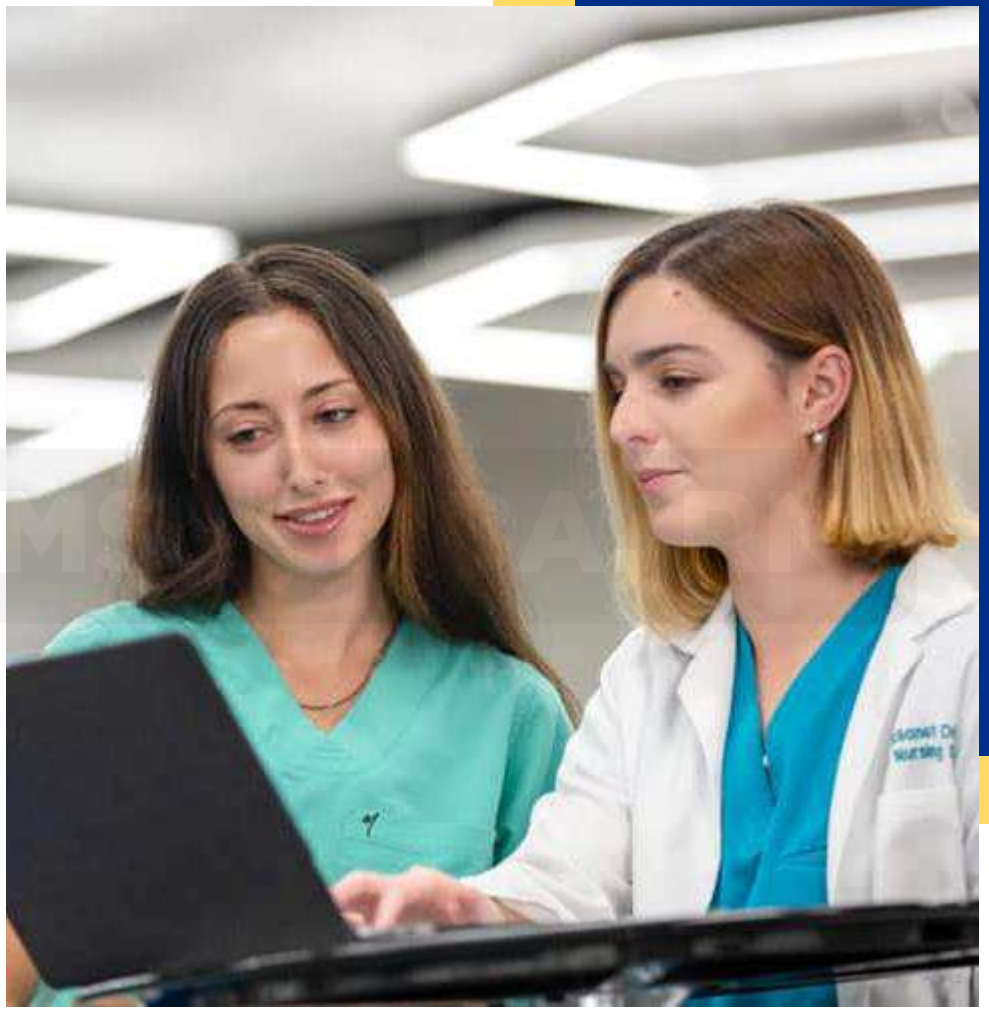
Theoretical Framework: ARCC (Advancing Research and Clinical Practice through Collaboration) Model and EBP Practice Model (Melnyk 7 Steps)

1. Cultivate a spirit of inquiry
2. Ask the clinical question (PICOT)
3. Search for the best evidence
4. Critically appraise the evidence
5. Integrate evidence into practice
6. Evaluate the outcomes
7. Disseminate the outcomes

Let's pico

Literature Review Synthesis

- Consistent Gaps in EBP knowledge and implementation persist
- Educational Interventions improve EBP beliefs and clinical application
- EBP-B and EBP-I support valid outcome measurement
- Sustaining EBP behaviors remains a key challenge



Literature Review Matrix

Author(s) / Year	Level of Evidence	Problem/Population and Purpose	Intervention	Comparison (if any)	Outcomes	Use of Evidence
Abu-Baker et al. (2021)	Level IV	Evidence-based practice (EBP) beliefs and implementation among undergraduate nursing students.	Survey on EBP beliefs and practices	None	Identified gaps in EBP knowledge and attitudes towards its implementation.	Highlights the importance of addressing EBP knowledge gaps in nursing education.
Brunt & Morris (2023)	Level V	Overview of the role of professional development in EBP implementation.	Nursing professional development strategies	None	Discusses how nursing development impacts EBP knowledge and practice.	Supports the need for structured educational interventions to enhance EBP knowledge and clinical application.
Clark et al. (2024)	Level I	Strategies for implementing evidence-informed decision-making at the organizational level	Review of implementation strategies in healthcare organizations	None	Identified successful strategies for implementing evidence-informed decision-making at the organizational level.	Highlights the importance of institutional support in promoting EBP at all levels of practice.
Duffy, E. A. et al. (2024)	Level IV	Reflections on EBP within the Children's Oncology Group over the past decade	Review of EBP practices within the Children's Oncology Group	None	Highlights progress and ongoing challenges in EBP implementation.	It provides insights on the current status of EBP in pediatric oncology relevant to Golisano's approach.

Literature Review Matrix (cont.)

Author(s) / Year	Level of Evidence	Problem/Population and Purpose	Intervention	Comparison (if any)	Outcomes	Use of Evidence
Koota et al. (2021)	Level I	Effectiveness of EBP education on emergency nurses' EBP attitudes, knowledge, self-efficacy, skills, and behavior.	Randomized controlled trial of EBP educational intervention	Self-directed EBP education	Significant improvements in EBP knowledge and self-efficacy among nurses.	Demonstrates the effectiveness of structured EBP education in enhancing nurses' confidence and skills.
Lai et al. (2022)	Level IV	Barriers to implementing EBP in hospitals from the perspective of healthcare professionals in China	Survey of hospital staff regarding EBP barriers	None	Identified systemic issues and lack of EBP training.	Demonstrates that the problem of EBP knowledge gaps is not limited to specific regions or populations
Linder & Challinor, (2023)	Level V	Pediatric oncology nurse-led research and EBP to reduce disparities in care.	Review of global exemplars in pediatric oncology care	None	Demonstrates that effective EBP practices can reduce disparities in pediatric oncology.	Supports the integration of EBP models for improving outcomes in pediatric oncology nursing.
Melnyk, et al. (2021)	Level I	Examining how EBP culture and mentorship impact implementation and nurse job satisfaction	Mentorship and culture change initiatives	None	Found that mentorship and a supportive culture are key to successful EBP implementation	Demonstrates the importance of organizational culture in promoting EBP adoption among pediatric oncology nurses.
Mohamed et al. (2024)	Level III	Nurses' experiences with EBP implementation in healthcare settings	Semi-structured interviews with nurses	None	Nurses reported challenges in applying EBP due to limited training.	Provides insights into the specific needs of nurses when it comes to adopting EBP in clinical practice

Literature Review Matrix (cont.)

Author(s) / Year	Level of Evidence	Problem/Population and Purpose	Intervention	Comparison (if any)	Outcomes	Use of Evidence
Pitsillidou et al. (2021)	Level IV	Factors affecting the application and implementation of EBP in nursing.	Review of factors influencing EBP implementation in nursing	None	Identified barriers such as lack of training and resources for EBP adoption.	Highlights the importance of addressing organizational and resource barriers for successful EBP implementation
Portela et al. (2022)	Level I:	Effectiveness of educational interventions to increase EBP skills among nurses.	A systematic review of educational interventions targeting EBP	Various comparators pre-post or control	Found that educational interventions significantly improved EBP knowledge and skills.	Supports the use of structured educational programs to enhance EBP competence among nurses.
Soliman, R., et al. (2023)	Level III	Barriers and facilitators to implementing cost-effective, evidence-based childhood cancer treatment in a resource-limited setting	Qualitative interviews with healthcare providers in Egypt	None	Identified key barriers in resource-poor settings but also highlighted facilitators for EBP implementation.	Offers insights into overcoming resource challenges in implementing EBP in pediatric oncology.

EBP Beliefs and Implementation Understanding the Gap

Belief ≠ Behavior

Methodology & Intervention

Quasi-experimental, one-group repeated-measures design

PRE

- EBP-BS + EBP-IS administered
- Via REDCap — unique participant codes
- Baseline measurement established

INTERVENTION

- 60-minute interactive EBP escape room session

POST

- EBP-BS only — administered immediately after session
- Not used as primary comparison
- Captures immediate reaction only

FOLLOW-UP

- EBP-BS + EBP-IS administered
- Primary post-intervention measurement
- Assesses sustained change and behavioral impact

Sample & Recruitment Criteria

Inclusion

- ✓ Pediatric hematology/oncology RNs
- ✓ All shifts and employment types
- ✓ English-speaking

Exclusion

- × Nurses not assigned to the designated unit
- × Temporary, float, or agency staff
- × Nurses currently in orientation or training
- × Non-registered nurses

Sample Characteristics & Study Flow

Sample Size

- Baseline: N = 19
- Final analytic sample: **N = 18**
- Eligible nurses: N = 30
- Participation rate: 60%

Attrition

1 participant excluded (did not complete follow-up)

ARE YOU A PEDIATRIC HEMATOLOGY/ ONCOLOGY NURSE AT GOLISANO CHILDREN'S HOSPITAL?

Would you like to boost your clinical confidence and improve job satisfaction — all in just 1 hour? You're invited to take part in a quality improvement project, aimed at strengthening pediatric oncology nursing through a fun, interactive Evidence-Based Practice (EBP) educational program!

Who Can Join:

- Pediatric hematology/oncology nurses currently working at Golisano Children's Hospital
- Able to attend one educational session
- English-speaking

Time Commitment:

- The entire process takes less than 2 hours total, which includes a 1-hour educational session
- Sessions are offered at flexible times that work around your schedule

Why This Project Matters:

We want to learn how a brief, hands-on session focused on evidence-based practice (EBP) can support:

- Sharper clinical decision-making
- Increased confidence at the bedside
- Greater job satisfaction

What It Involves:

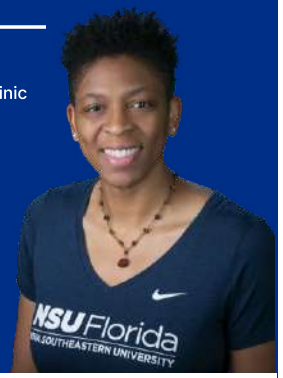
Scan Me

- Consent to participate in the study, and very quick series of questions, that you can click to answer
- Complete a short questionnaire before & after
- Share a bit of feedback to help guide future nursing education
- Attend one short, interactive session on EBP

Location: Golisano Children's Hospital Pediatric Hematology/Oncology Unit and Clinic

When: October 1st - December 8th, 2026

Your Choice, Your Pace: Taking part is completely voluntary. You may withdraw at any point without affecting your job or benefits in any way.



Want to Learn More or Sign Up?

We'd love to hear from you. Reach out anytime:

tb1598@mynsu.nova.edu

813-330-0282

Golisano Children's Hospital
LEE HEALTH

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Recruitment & Entry Process

SCAN → CONSENT → PARTICIPATE

Setting: Facilitators and Barriers

Setting Overview

- Pediatric Hematology & Oncology Unit and Clinic
- High-acuity, specialized environment
- Complex care, rapid clinical decision-making

Facilitators

- Strong leadership support
- Culture valuing EBP
- Alignment with quality improvement priorities

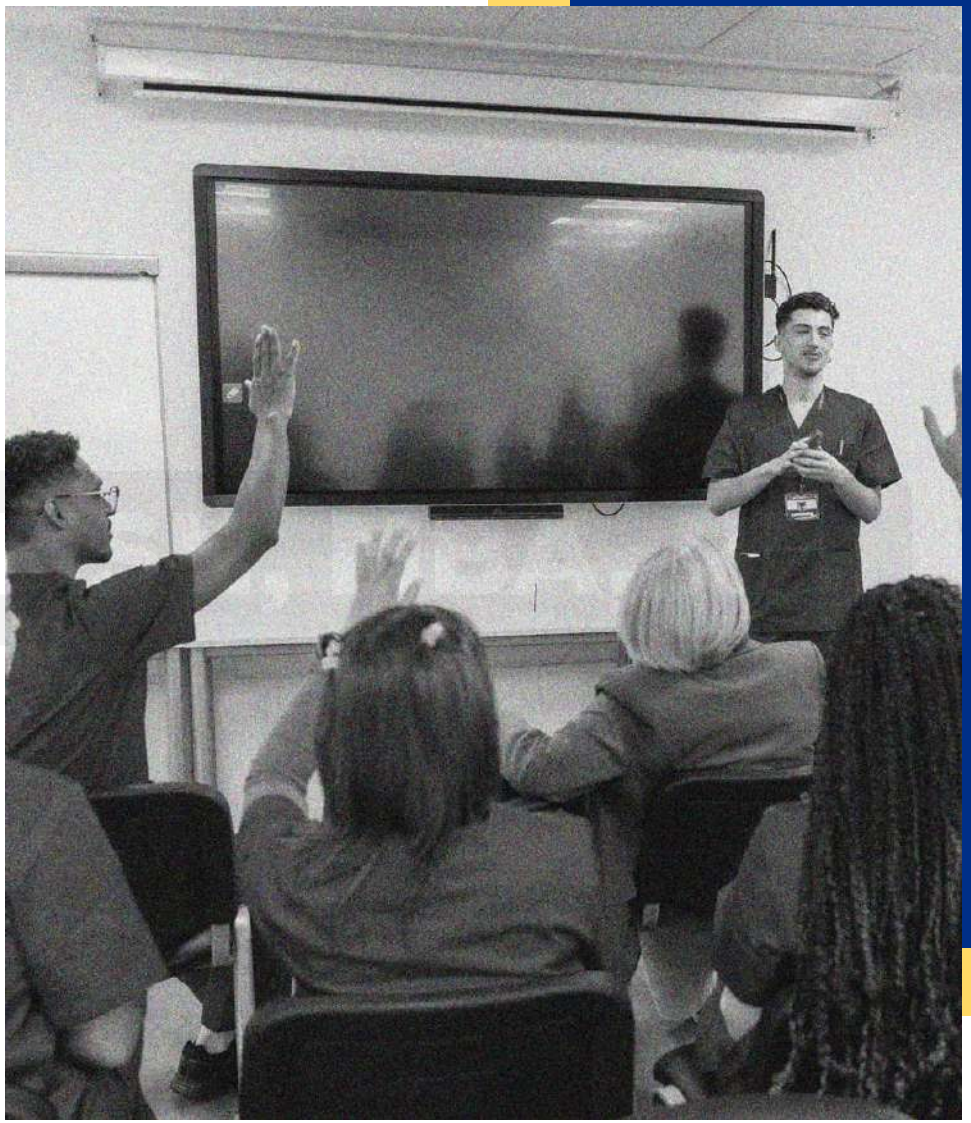
Barriers

- Time constraints
- Competing clinical demands
- Limited structured EBP education

High complexity, high expectations, high opportunity for impact

Ethical Considerations

- Approval obtained from **Nova Southeastern University Institutional Review Board (IRB)**
- Approval obtained from the **System Nursing Research and Evidence-Based Practice Council (SNREBPC)**
- Informed consent obtained electronically, participation voluntary
- Confidentiality maintained through de-identification
- Data stored securely in password-protected systems
- **Minimal risk to participants**



Cost/Budget

Category	Description	Total
Marketing	Flyer design and production	$125
Clinical Staffing	Facilitation & prep (18 nurses @ $45/hr-1.5 hrs)	$1,215
Project Leadership	DNP Student coordination (25 hrs @ $25/hr)	$625
Operations	Setup, refreshments, and signage	$0
Estimated Budget		**$1,965 (Approximately)**

- Low-cost, high-impact intervention model
- Potential cost avoidance through improved retention
- Scalable across units with minimal additional cost
- Supports long-term workforce stability and clinical outcomes

1965 ÷ 18 = ~$109 per nurse
Approx. $109/nurse = low-cost, high-impact educational investment.

Measurement of Outcomes

EBP Beliefs

- EBP Beliefs Scale (EBP-BS) — Melnyk et al. (2008)
- 16 items, 1–5 Likert scale (Strongly Disagree to Strongly Agree)
- Maximum score (Summation) = 80
- Higher score = Stronger EBP beliefs
- Items 11 & 13 reverse scored (negatively worded)
- Administered at: PRE, MID (immediate), and POST (4-week)

EBP Implementation

- EBP Implementation Scale (EBP-IS) — Melnyk et al. (2008)
- 18 items, 0–4 frequency scale (Never to More than 8 times)
- Reflects behaviors in the past 8 WEEKS
- Maximum score (Summation) = 72
- Higher score = More frequent EBP behaviors
- Administered at: PRE and POST (4-week) only

Instrument/Tool Overview

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I believe that EBP results in the best clinical care for patients.	1	2	3	4	5
2. I am clear about the steps of EBP.	1	2	3	4	5
3. I am sure that I can implement EBP.	1	2	3	4	5
4. I believe that critically appraising evidence is an important step in the EBP process.	1	2	3	4	5
5. I am sure that evidence-based guidelines can improve clinical care	1	2	3	4	5
6. I believe that I can search for the best evidence to answer clinical questions in a time efficient way.	1	2	3	4	5
7. I believe that I can overcome barriers in implementing EBP.	1	2	3	4	5
8. I am sure that I can implement EBP in a time efficient way.	1	2	3	4	5
9. I am sure that implementing EBP will improve the care that I deliver to my patients.	1	2	3	4	5
10. I am sure about how to measure the outcomes of clinical care.	1	2	3	4	5
11. I believe that EBP takes too much time.	1	2	3	4	5
12. I am sure that I can access the best resources in order to implement EBP.	1	2	3	4	5
13. I believe EBP is difficult.	1	2	3	4	5
14. I know how to implement EBP sufficiently enough to make practice changes.	1	2	3	4	5
15. I am confident about my ability to implement EBP where I work.	1	2	3	4	5
16. I believe the care that I deliver is evidence-based.	1	2	3	4	5

EBP BELIEFS SCALE

	0 times	<3 times	5 times	>5<8 times	>8 times
1. Used evidence to change my clinical practice...	0	1	2	3	4
2. Critically appraised evidence from a research study...	0	1	2	3	4
3. Generated a PICO question about my clinical practice...	0	1	2	3	4
4. Informally discussed evidence from a research study with a colleague...	0	1	2	3	4
5. Collected data on a patient problem...	0	1	2	3	4
6. Shared evidence from a study or studies in the form of a report or presentation to more than 2 colleagues...	0	1	2	3	4
7. Evaluated the outcomes of a practice change...	0	1	2	3	4
8. Shared an EBP guideline with a colleague...	0	1	2	3	4
9. Shared evidence from a research study with a patient/family member...	0	1	2	3	4
10. Shared evidenced from a research study with a multi-disciplinary team member...	0	1	2	3	4
11. Read and critically appraised a clinical research study...	0	1	2	3	4
12. Accessed the Cochrane database of systematic reviews...	0	1	2	3	4
13. Accessed the National Guidelines Clearinghouse...	0	1	2	3	4
14. Used an EBP guideline or systematic review to change clinical practice where I work...	0	1	2	3	4
15. Evaluated a care initiative by collecting patient outcome data...	0	1	2	3	4
16 Shared the outcome data collected with colleagues...	0	1	2	3	4
17. Changed practice based on patient outcome data...	0	1	2	3	4
18. Promoted the use of EBP to my colleagues...	0	1	2	3	4

EBP IMPLEMENTATION SCALE

Data Collection / Integrity

- Electronic informed consent obtained via **REDCap** (HIPAA-compliant web applicant)
- Unique identifiers used to track responses across time points
- Secure, encrypted storage with restricted access
- Confidential
- Voluntary Participation

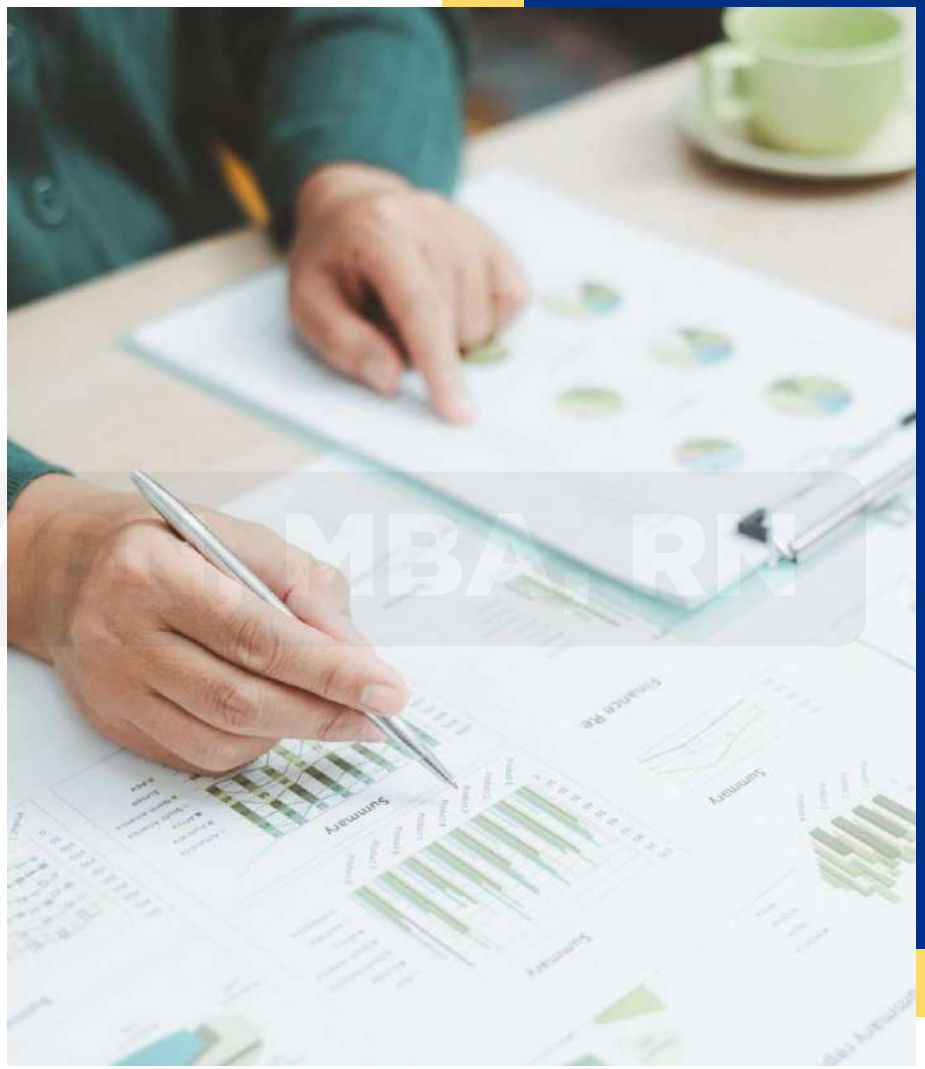
Data Completeness

- Zero missing values on outcome variables
- No data imputation required

Data Analysis

1. Descriptive statistics
2. Reliability analysis
3. Normality testing
4. Statistical tests
   - EBP-BS → Wilcoxon Signed-Rank
   - EBP-IS → Paired Samples t-Test
5. Effect size calculation

All analyses conducted using
IBM SPSS Statistics



Validity, Reliability and Normality

Validity

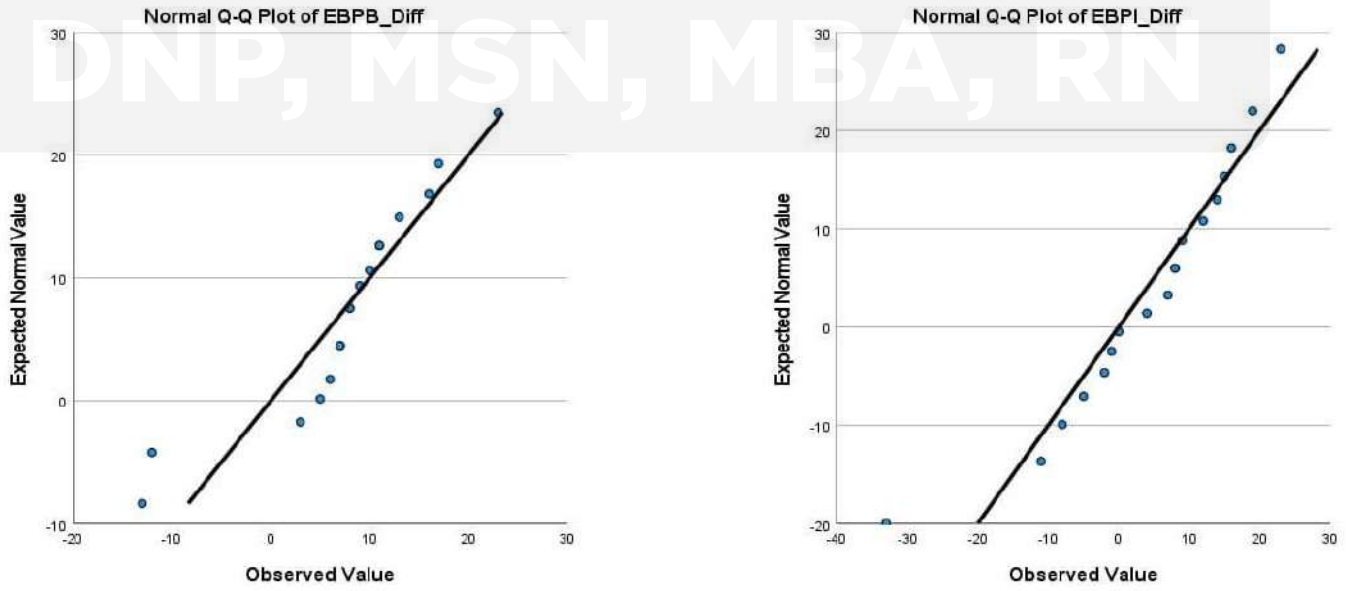
Content validity — expert panel review (Melnyk et al., 2008)
Construct validity — confirmatory factor analysis (Melnyk et al., 2008)

Reliability

Strong internal consistency (α = .877–.957)

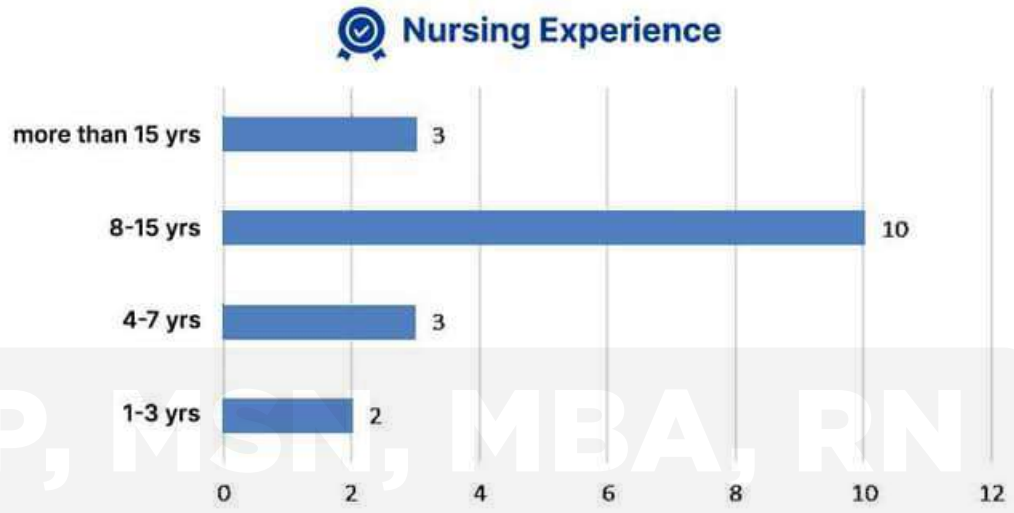
Normality Testing (Shapiro-Wilk)

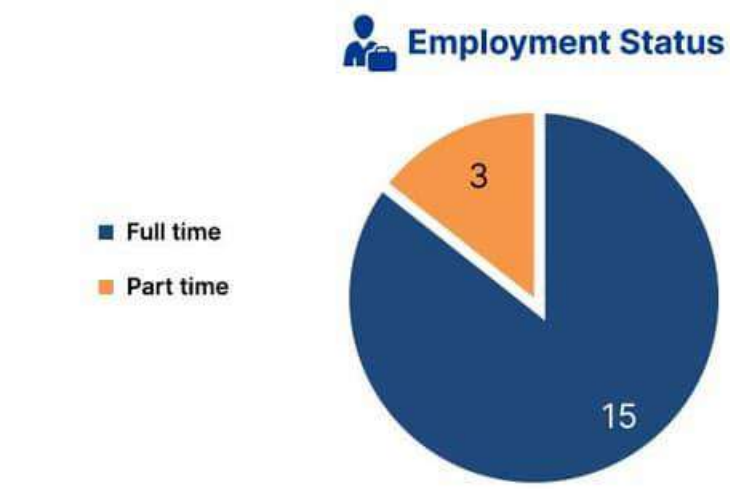
Scale	W	p	Decision
EBP-BS	.870	.018	❌ Not normal → Wilcoxon
EBP-IS	.921	.135	✅ Normal → Paired t-Test

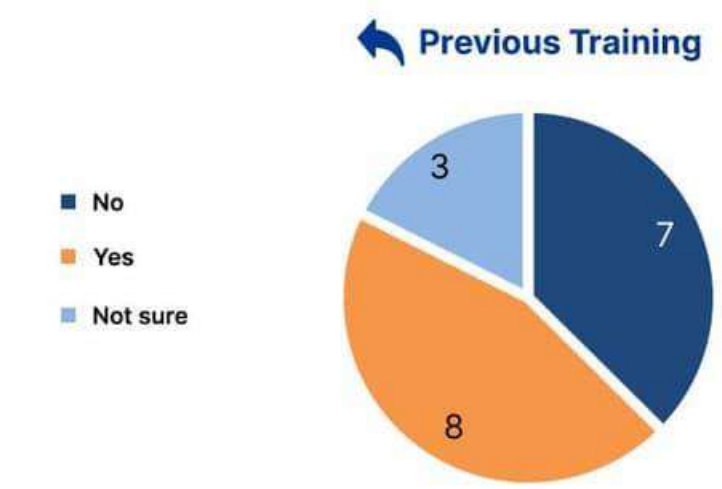


Q-Q Plots showing the Distribution of Score Differences Pre- and Post-Intervention

Participant Demographics







Results Overview

Construct / Scale	Time Point	N	M	SD	Range
EBP Beliefs Scale (EBP-BS)	Baseline (Pre)	18	64.78	7.67	53–79
	4-Week Follow-Up (Post)	18	72.33	7.71	58–80
EBP Implementation Scale (EBP-IS)	Baseline (Pre)	18	19.78	14.65	6–63
	4-Week Follow-Up (Post)	18	23.94	14.82	6–58

EBP Beliefs Scale (EBP-BS)

- Pre-Intervention Mean: 64.78 (SD = 7.67)
- 4-Week Follow-Up Mean: 72.33 (SD = 7.71)
- Mean Improvement: +7.55 points

EBP Implementation Scale (EBP-IS)

- Pre-Intervention Mean: 19.78 (SD = 14.65)
- 4-Week Follow-Up Mean: 23.94 (SD = 14.82)
- Mean Improvement: +4.17 points

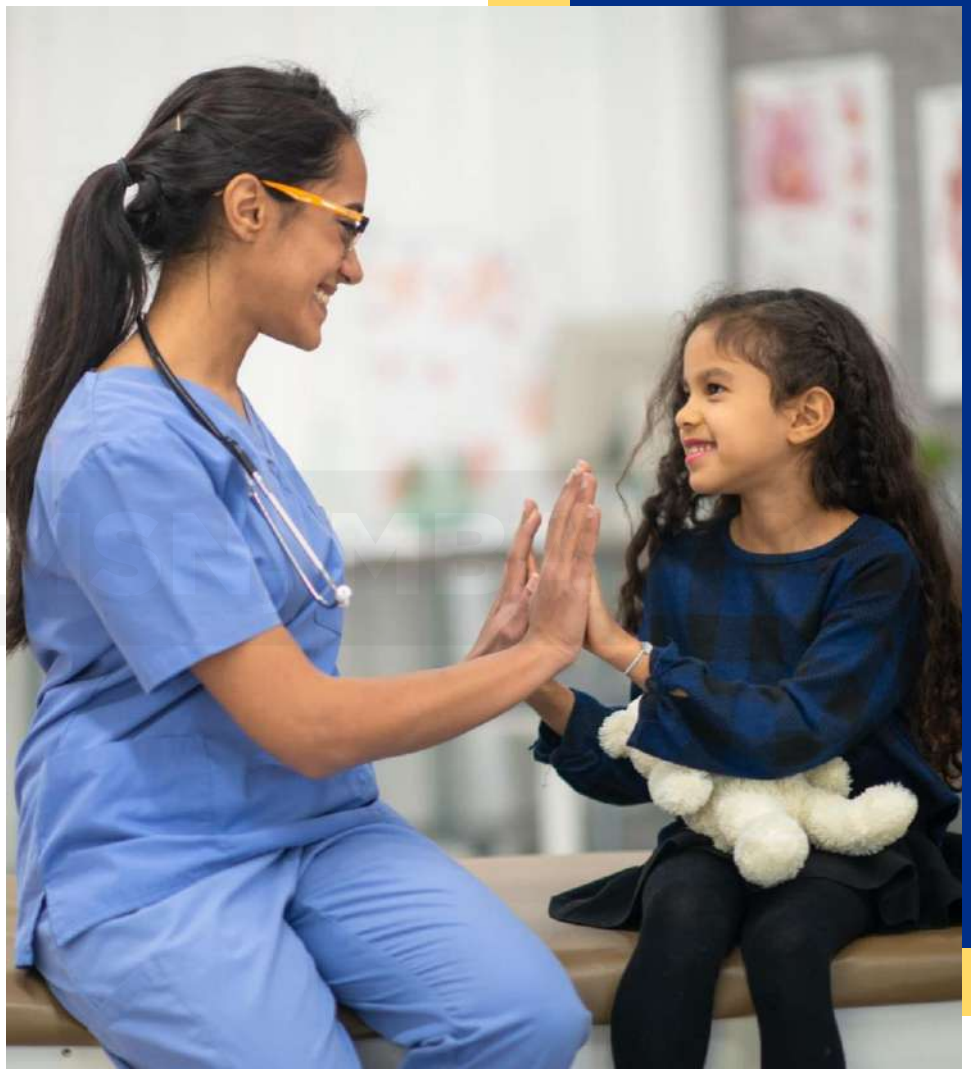
EBP Belief Results

Wilcoxon Signed-Rank Test Results

Statistic	Value	Interpretation
Z	-2.528	Based on negative ranks
Asymptotic Sig. (2-tailed)	p = .011	Statistically significant (p < .05)
Effect Size (r = Z / √N)	r = 0.596	Large effect (r > .50)
N	18	All participants included

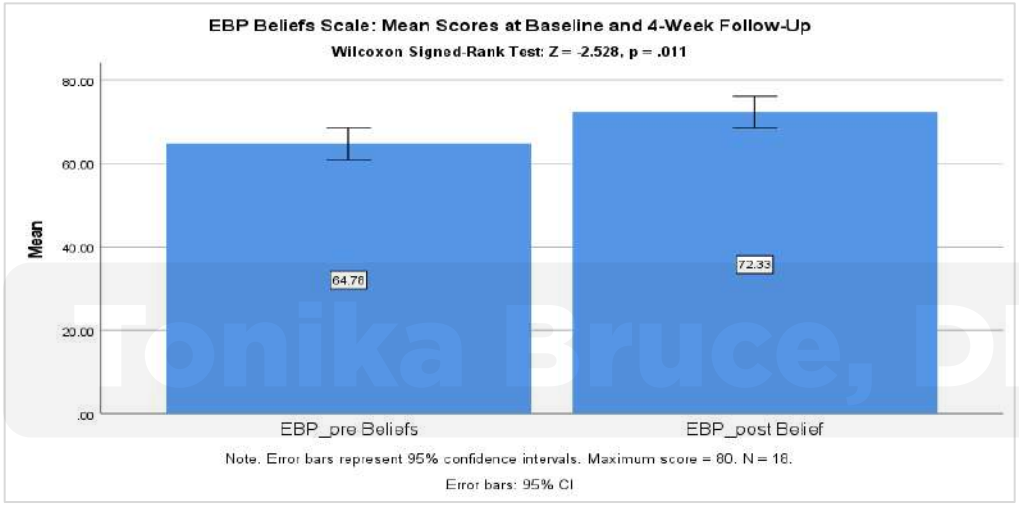
EBP Implementation Results

Statistic	EBP-IS Baseline	EBP-IS 4-Week Follow-Up
M	19.78	23.94
SD	14.65	14.82
N	18	18
t	−1.336	
df	17	
p (2-tailed)	.199	Not statistically significant
Cohen's d	−.315	Small-to-medium effect

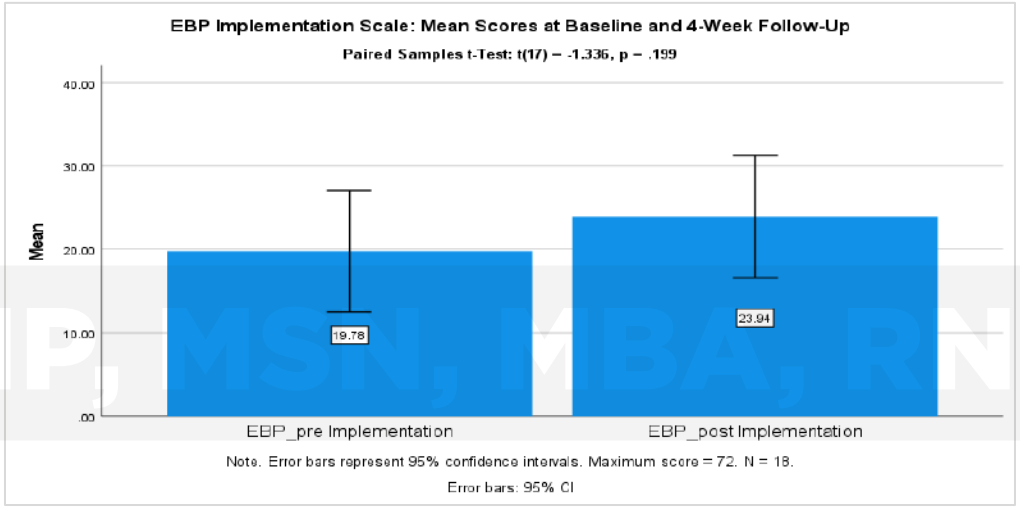


Combined Outcomes

EBP Beliefs Scale — Wilcoxon Signed rank test



EBP Implementation Scale — Paired T-test



EBP Beliefs (EBP-BS)

Significant belief change (p = .011), large effect

EBP Implementation (EBP-I)

Positive trend and small-to-medium effect size—consistent with theoretical expectations

Better EBP → Better Patient Outcomes

Discussion

Guiding Question Addressed

Structured EBP education improved nurses' belief and behavior 90% of nurses improved their EBP beliefs scores significantly 61% of nurses improved their behaviors — Positive trend

Problem Statement Supported

The Intervention Began closing the gap between belief and behavior

Theoretical Alignment: Melnyk's 7-Step EBP Model

All 7 steps achieved.

EBP Literature Alignment

Koota et al. (2021) & Portela et al. (2022) confirm structured education works

✅ **Positive trend:** Behavioral change requires more time

Beliefs change before behaviors. Our data confirms this sequence

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Learning happens quickly. Practice change takes time.

Strengths & Limitations

Strengths

- Validated instruments (α = .877–.957)
- High participation rate (60%)
- Real-world unit-specific setting
- Three time-point design captures sustained change

Limitations

- × Small sample **(N = 18)**
- × No control group
- × 4-week follow-up — short for behavior change
- × Magnet appraisal-2-month delay

Cost-Benefit Analysis

High impact

Low cost

Sustainability/Future Implications

- Scalable within clinical workflow
- Minimal disruption to patient care
- Designed for integration across settings

Dissemination and Implications for Nursing Practice

- Internal: Education • Leadership • Quality Improvement
- External: Conference Dissemination
- Impact: Practice • Consistency • Decision-Making

AACN Domain	Key Sub-Competencies	DNP Practice Alignment
Domain 1: **Knowledge for Nursing Practice**	1.1 Evidence-Based Practice 1.2 Clinical Judgment	Strengthened nurses' EBP knowledge and beliefs through a structured educational intervention, enhancing their ability to interpret evidence and apply it to clinical decision-making in a high-acuity pediatric hematology/oncology setting.
Domain 2: **Person-Centered Care**	2.1 Patient-Centered Care 2.5 Patient Education	Supported delivery of patient-centered care by improving nurses' use of evidence-based interventions, promoting more consistent, informed, and individualized care practices.
Domain 4: **Scholarship for Nursing Practice**	4.1 Translation of Evidence 4.2 Evidence Generation	Translated evidence into practice through implementation of an EBP educational module and evaluation of outcomes using validated instruments, contributing to practice-based knowledge development.
Domain 5: **Quality and Safety**	5.1 Quality Improvement 5.3 Harm Reduction	Promoted quality improvement by reducing variability in EBP implementation and strengthening adherence to best practices, supporting safer and more reliable care delivery.

Aligned with AACN DNP Essentials (EBP • Care • Scholarship • Quality)

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Laura Ortiz, MSN, BSN, RN, CPHON

Closing

“Because one day… this will be about someone you love.”