ORIGINAL RESEARCH

Improvement of nursing care by means of the evidence based practice process: The facilitator role

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ABSTRACT

Background: This study is as part of a comprehensive project aimed at implementing and evaluating a model (Collaborative Model of Best Practice, CMBP) for promoting evidence-based practice (EBP) in health care contexts. Nurses and nurse teachers were engaged as facilitators.
Aim: In this paper the aim was to explore facilitators' experiences of their role in the EBP-process in medical/surgical wards at two Swedish hospitals.
Methods: Five focus group interviews were conducted with two groups of facilitators, four nurses and one nurse teacher in each group, all together ten interviews. Data was analyzed according to the method of inductive content analysis.
Findings: The facilitator role was described as comprehensive, dynamic, and changing, which put heavy demands on the facilitators. Being in the role meant shouldering a leadership role filled with many responsibilities, together with one's own professional and personal development. Ongoing, timely and adequate support was essential in order to succeed with implementation of evidence-based new routines.
Conclusions: The study shows that the CMBP model with nurse- and teacher facilitators working together could impact positively on the implementation of new routines on hospital wards. Our findings resonate with other studies showing that change in practice is a challenging and strenuous activity that needs long preparation in advance for all parties involved, and most of all puts demand on comprehensive support. Long-lasting activities are needed to make sure that prerequisites given in an EBP project like this one really are working in the decided direction.

Key Words: Evidence-based practice, Facilitator, Research utilization, Clinical nursing

1. INTRODUCTION

In spite of the many years of academic education in nursing around the world many studies have shown that nursing care is still carried out mainly based on experience, tradition and intuition rather than scientific findings and critical reflection.[1–4] During the last two decades researchers have struggled hard to find the reasons for this failure. One could have imagined that making nursing practice evidence based should have been rather easy, as the impact of evidence based practice (EBP) on quality of care and cost-effectiveness has been strongly argued and scientifically proven for a long time.[5–7] However, a great deal of research has reported that important findings from nursing research are still not used in patient care. Squires *et al.*[8] found in a systematic review that individual factors were of great importance for research utilization in practice where nurses' attitudes towards research were prominent. Nowadays, many studies have shown that nurses support the idea of EBP but still

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have limited knowledge and skills in searching the literature and understanding scientific articles. The English language, which is overwhelmingly used in international, scientific literature is also found to be a great problem in countries with other native languages.[9] Most hindering factors reported matters of an organizational nature, concerns about lack of time, workload pressures, competing priorities, and lack of authority.[10–13] Other factors include poor access to information technology such as computers and scientific data bases, and the lack of/or ineffective education programs[14,15] and lack of interest and support from colleagues.[16,17] Additionally, the nursing leadership has been found to impact on many of the organizational factors, and is thereby illuminated as a potential hindrance for nurses' implementation of EBP.[11,18] Some researchers have pointed at the nursing culture in itself as a subtle but powerful barrier to EBP.[10,19,20] As the tradition of nursing is built on rituals, routines, unsystematic, clinical experiences, and "doing" from a subordinate position, and nurses in EBP are expected to have both a responsibility and mandate to provide high quality of care, it is easy to understand why a change to EBP has taken such a long time.

Many frameworks and models for facilitating the utilization of research in nursing practice have been developed over the years.[21,22] Already in 1998 the facilitation concept was described as "A technique by which one person makes things easier for others" (p. 152).[23] The understanding of the concept has since then been extended by highlighting the importance of relationship and interactivity in the change process.[24–26] Studies have also described characteristics and qualifications required of facilitators,[24,27,28] such as credibility, flexibility, sensitivity, commitment, responsiveness, persistence, communication and problem-solving skills. Experiences of and knowledge about the practice context, the change and EBP processes were also highlighted as important. In a focused review about facilitation from the years 1996-2008,[29] the concept was found to cover both role and process. Five areas were found as commonalities in the papers: "Increasing awareness of the need for change, leadership and project management, relationship-building and communication, importance of the local context, and ongoing monitoring and evaluation" (p.81).[29] The authors concluded that facilitation is an important element in evidence-based practice, but that more research is needed about what facilitators are doing in the process of change towards evidence-based nursing, as well as how they are doing this. Further research on the effectiveness of facilitation was also asked for.

Many researchers have claimed that nurse teachers would be valuable as facilitators to clinical nurses in the EBP process[27,30–32] since they are nurses, and possess a high level of knowledge of nursing, teaching and research. By using nurse teachers as facilitators also nursing students could more easily be involved in the practical use of the EBP process during their clinical training.

1.1 The project

Against this background a collaborative project was carried out at Swedish and Indian institutions between 2011- 2013 with the overall aim of implementing and evaluating a model, Collaborative Model of Best Practice (CMBP, further presented below) for promoting EBP in different health-care contexts. The fundamental idea of the model was to bring health-care services and academic institutions together as equal partners in a joint effort to provide "best care" for the patients, and a good learning environment for the nursing students in their clinical placements. The project was carried out in a total of eight medical/surgical wards: four Swedish wards in two hospitals, and four Indian wards in one hospital. A research group built up of two Indian and two Swedish researchers conducted the project over three years. In each country a project group (one researcher, one or two nurse administrators, and the head nurse of each project ward) was responsible for the practical implementation of the CMBP. As the CMBP model was focusing on areas for improvement in nursing practice, all the nurses on the ward and nursing students who had their clinical placement there were involved. A facilitator group was chosen per ward made up of two nurses from the ward, and one nurse teacher from the university[33] employed by the university but working part-time at the hospitals as student supervisors. In this paper, the term teacher facilitator is used to describe the nurse teacher acting as a facilitator. Selection criteria were that they had to be well experienced in the respective role and interested in development of nursing quality based on research findings. Both nurse facilitators and teacher facilitators had four hours a week allocated to their facilitator role during the project. In the beginning they participated at the university in a two-week course designed for the project, including group dynamics, change processes, conflict solving, literature search in data bases, reading, and understanding research findings, methods for check-ups, and presentation to others of summaries of findings. A librarian from the university was included in the course, and also available afterwards when needed.[34] In addition, support was provided by the project management and researchers with a focus on their facilitator role throughout the EBP process.

All activities in the project were carried out as similar as possible in the two countries, and were evaluated with a focus on nursing quality, learning environment, nurses' and nursing

students' attitudes and knowledge related to EBP, job satisfaction, cooperation between academy and clinical practice, and the facilitator role. The current paper presents only the Swedish part of the project focusing on the facilitator role.

Collaborative Model for Best Practice (CMBP)

The CMBP is influenced by ideas from the frameworks proposed by Kitson *et al.*,[35] and McCormack *et al.*,[36] the PARIHS framework[37] and Rosswurm and Larrabee's model,[21] was previously used in a Norwegian pilot project[38] and thereafter slightly modified (see Figure 1). The collaboration between academy and clinical practice, which is a primary structure of the model, is grounded in ideas such as mutual trust, respect and commitment, open communication, shared missions and continuous interaction to improve partnership, and adopts both "bottom up" and "top down" strategies.

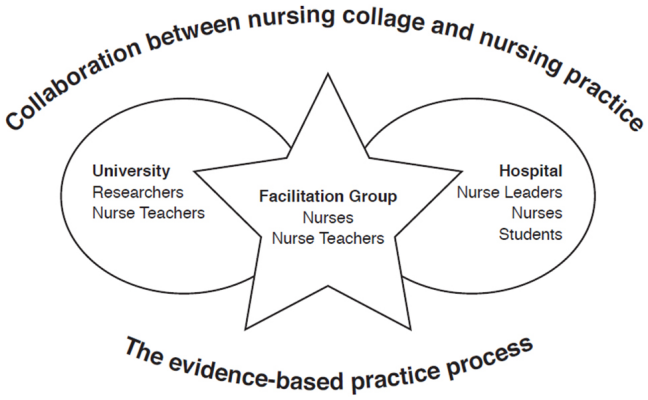

Figure 1. The Collaborative Model for Best Practice (CMBP)[38] slightly modified.

Embedded in the model is the EBP process, which can be described as a pedagogic tool where involvement, critical reflection, and facilitation of the nursing personnel are seen as fundamental to achieve changes. Through continuous collaboration the nurse facilitators and teacher facilitators are expected to inspire, encourage, and support the nursing personnel on the wards in order to improve nursing quality by means of research utilization.[31,39]

The EBP process includes the following steps: 1) identification of an improvement area in patient care by means of a critical review of current practice, 2) search for evidence in research literature, 3) critical appraisal of the evidence, 4) application of evidence to practice, and 5) evaluation of effectiveness of evidence. In steps 1, 4 and 5 all nurses on the ward are expected to work together supported by the facilitators and the nurse leader. When a problem area has been agreed upon in step 1 the facilitator nurses and teachers perform a systematic data collection in the ward related to the problem area chosen (baseline data). In step 2 facilitator nurses and teachers work together in computer-based literature search to find scientific references for "best practice". In step 3 the literature found is critically appraised by the facilitators and the nurse leader, and its usefulness/relevance to practice is stated. In step 4 the level of evidence for "best practice" is decided and the changes needed in the daily care of the patients are planned for and performed. In step 5 the effectiveness of the changes which have been performed during a planned period (about one year) is evaluated by means of a new systematic data collection, analysis, and comparison with the baseline data.[40] As often as possible nursing students on the ward are expected to be included in the process.

1.2 The aim

The aim of this study was to explore facilitators' experiences of their role in the EBP process in a Swedish hospital ward.

2. METHODS

2.1 Design

An inductive qualitative approach was chosen as the phenomenon under study "the facilitator role" was scarcely described in the literature.[41]

2.2 Informants

All the facilitators in the project, eight nurses (7 BSc and 1 Diploma) and two nurse teachers (MSc), were invited to take part in focus group interviews. After information given orally by the project management together with an informational letter all of them agreed to participate. Thereafter two focus groups were formed, one group from each hospital.

2.3 Data collection

Five focus group interviews[42] were conducted with each group of facilitators, all together ten interviews, from September 2011 to May 2013. The interviews were conducted strategically in relation to the phases of the EBP process (see Table 1).

Table 1. Overview of the interviews

Interview	Data collection	Location in the EBP process
1	September 2011	At the beginning of the project
2	February 2012	After identification of an improvement area
3	May 2012	After critical appraisal of research literature
4	December 2012	After onset of new routines
5	May 2013	At the end of the project

The interview questions were based on four themes, originating from the purpose of the study: the facilitator role,

the EBP process, hindrances and possibilities, and support. Additional questions were asked to deepen the understanding of the experiences such as "How ?", "When ?", "In what way ?" and "Can you give an example ?"

The interviews were conducted by an external researcher (KB). She served as "moderator" and was primary concerned with directing the discussion and keeping the conversation flowing. When doing this she strived to create a relaxed and friendly atmosphere in the group, showing respect for and interest in the participants' experiences. She also used probing questions when needed to clarify and deepen the understanding. Each interview was ended with a summary to be validated by the group participants. An "observer" (EA) took part for observing the interaction between the participants. She was sitting outside the group-circle taking field notes. After each interview the moderator and the observer compared and discussed the field notes and the summary to further validate the data, and the observer also gave feedback to the moderator. Each interview lasted for 90 minutes and was digitally recorded.

2.4 Data analysis

After transcription of the interviews the texts were analyzed according to the method of content analysis. An inductive approach described by Elo & Kyngäs[41] was used. Firstly, the text was read several times in order to get an overall impression of the whole. Thereafter, the observation field notes were read through and compared with the interview text. Meaningful information about the group interaction was added to the interview text as notes in the margin.[43] Thereafter, words and phrases related to the facilitator role, the EBP process, hindrances and possibilities, and support needed were identified as meaningful units, condensed, sorted, and categorized. The analysis was firstly carried out by the first author (KB), followed by a comparison of meaningful units with categories carried out by the second author (EA) in order to increase the trustworthiness. The categories were then discussed until consensus was obtained.[44]

2.5 Ethics

The study was approved by the Committee on Research Ethics, Karlstad University, Sweden (2011/490) and carried out in accordance with ethical guidelines for nursing research in Nordic countries.[45] All informants were informed both written and orally about the aim and design of the study, voluntary participation and confidentiality, and informed consent was obtained.

3. FINDINGS

Four categories were uncovered, including: a changing role, a leadership role, promoting factors and hindering factors (see Table 2). Each category will be described and illustrated with quotes.

Table 2. Summary of categories and subcategories

Categories	Subcategories
A changing role	From uncertainty to awareness
	Own learning and development
A leadership role	Responsibility and goal-direction
	Involvement of colleagues
	A link between different levels
Promoting factors	A clear and distinct framework
	Support from colleagues and leaders
Hindering factors	Lack of commitment and support
	High workload and staff turnover
	Negative attitudes and habitual patterns

3.1 A changing role

3.1.1 *From uncertainty to awareness*

At the beginning the facilitators' overall attitudes towards the project were positive, and they expressed satisfaction for being involved. However, despite feelings of excitement and pleasure, insecurity and worries were expressed as well, as they had not fully understood what they had entered into, and they felt unaware and unsure of what to do and how. Gradually they realized that the facilitator role in the EBP process meant to face new tasks and new challenges in each step of the process, which they had to manage.

> Now, you understand what it means to be a facilitator... this you didn't have any idea about from the beginning, and you stepped into something you didn't have the slightest idea about.

The experience of being a novice, and recurrently starting from the beginning often caused feelings of frustration, but at the end of each respective step of the process satisfaction was reported as the overall experience. They saw the EBP process as a useful tool for quality improvement of nursing care, and had also realized that they themselves had impacted a lot on the improvements on the wards.

> You feel proud when you tell about your being a part of the project... you can see that things have become better... now you can say that... I have actually contributed to the improvement of the nursing care here.

However, dissatisfaction was also reported from some facilitators who had expected more prominent results of their endeavors.

3.1.2 *Own learning and development*

Being in the facilitator role was described as a constant process of learning and development both professionally and personally. The facilitators had learnt a lot about the planning of allocated time for the facilitator role, which was experienced as difficult. Since each step concerned new tasks they found it hard to estimate the time needed. This often led to a lack of time at the end of the step, which was experienced as stressing. However, along with the time, and with more confidence and self-security in the role, they gradually improved their ability to plan.

The facilitators also gained new knowledge, and developed new skills in searching for and reviewing scientific literature. As they initially had limited or no knowledge in this area this was experienced as the most troublesome and difficult part in the EBP process, but also as very exciting and gratifying when evidence was found in the literature. They considered the practical training in research utilization as valuable, as this had made them more critical regarding the sources of knowledge used in practical nursing.

> I feel that I am watching the whole time ... from where does this [information] come, and how old is it? What sources is it built on?.... and should we really use this PM? I am questing the whole time.

The facilitators also told about improved capability to inspire, teach and support their colleagues in the EBP process. They described how they found new strategies to influence their colleagues' behavior, and to convince them in case of reluctance or resistance. When they reached the steps of summarizing and planning new routines all of them described happiness and joy. These steps were experienced as the first practical and substantial part of the project, where they really understood how the EBP process could lead to a change of practice.

> We have moved from something theoretical to something more practical, and at the beginning you didn't really understand what this was about... there were a great many fine worlds...

At the end of the project the facilitators had learnt many new things about what high quality of nursing care really meant, and also about the complexity and responsibility of the nurse's role.

3.2 A leadership role

3.2.1 *Responsibility and goal direction*

The facilitators experienced the facilitator role as a leadership role in which improvement of quality of nursing care was the fundamental goal. They thought that their interest for and will to work in this direction was the reason for being selected by their leaders. Thereby, a great trust has been given them which they wanted to respond to, but a great responsibility was also connected to the role. Their own ambition was high and they wanted to perform as well as possible in the project.

> You have a great responsibility both towards the ward and the university... to do the best possible for all. And we facilitators are only a few so a great deal depends on us actually

The leadership role was firstly described as being a role-model for other nurses where the facilitators inspired and guided their colleagues towards the goal of "best care". Training other nurses "hands-on" in how to perform new routines and methods was seen as an important task where they got positive feed-back from their colleagues. The leader role as prominent became especially obvious in step 4 when the real change of practice started. In order to make sure that their colleagues followed the new routines the facilitators controlled and corrected them in their daily work. Therefore, weekly audits of nursing care related to the improvement area were done. The results were presented and discussed in ward meetings, individually and/or with small groups. This part was often experienced as troublesome and demanding, and feelings of doubt of own their capacity could appear. However, this way of working was seen as necessary in order to gain routine sustainability. At the end of the project the facilitators expressed great satisfaction in wards where the compliance to new routines was high both regarding the results of high quality of care, and their own contribution to the process. The facilitators in wards with low compliance expressed disappointment and frustration, and told more about difficulties and hindrances than about their own contributions.

3.2.2 *Involvement of colleagues*

Involvement of the colleagues in the ward was from the beginning described as one of the major tasks in the facilitator role, and was considered very important but also difficult and demanding.

> This means that you have to be there reminding and in some way being very picky the whole time... this is the success factor.

The facilitators were very concerned about stimulating the ward personnel's interest and participation, but at the beginning of the project they often met low interest from colleagues, which made them feel disappointed and lonely. Some colleagues could be experienced as unwilling to co-operate or showed reluctance. The facilitators became very

frustrated in such situations as involvement of all the nurses in this step was seen as absolutely essential for the result of the project.

> It must also be a collegial responsibility so that everything doesn't depend on us if we leave

Firstly in step 4 when the practical changes started on the wards the facilitators described how the interest and engagement arose also among their colleagues. Involvement of nursing students was described as difficult as they were focused on following their regular curriculum in which the project was not explicitly mentioned. Instructions about the students' role in the project was also considered as unclear and vague. At the end of the project the facilitators considered that many colleagues on the wards had become more professionally aware, and the common professional language had improved. This made their work easier and increased patients' safety.

3.2.3 *A link between different levels*

The facilitator role was experienced as being an important link between the project management and the nursing personnel. The facilitators described that they continually informed their colleagues about what would happen or had happened in different steps, such as results from previous steps and the agenda for the next step, new decisions taken, and changes of directives.

> I think that I'm a link between the project group and our ward. That we are acting as a kind of link, that we can carry over what has been said, . . . and then perhaps we can inspire our colleagues a little

The facilitators also transferred attitudes to the personnel in the ward, inspiring, creating and maintaining an interest for the project among their colleagues. They described how they consciously strived to transfer attitudes such as commitment, engagement, joy and motivation for development of nursing care. However, in periods of high workload on the wards the facilitators felt difficulties in maintaining a positive attitude themselves, so that doubts, low commitment and lack of energy could start emerge.

3.3 Promoting factors

3.3.1 *A clear and distinct framework*

The facilitators stressed the clear and distinct framework of the project as a promoting factor. Exact and adequate instructions given from the project management, and at the right time in the EBP process were described as necessary for them. The predetermined structure of collaboration between hospital wards and university brought on feelings of security and comfort.

> I think that the framework is fine because it helps implementation of the whole [idea]. Usually, you feel as if you are jumping into the activities too quickly. . . without any follow up. So I think that this project [frame] will guide me. . .

The involvement of the nurse leader in the project management was seen as another important promoting factor. The nurse leader could impact positively on the nursing personnel's attitudes and direct them towards the goal of the project. The leader could also assure that adequate time and space were allocated to the facilitators in a flexible manner. The preceding training of the facilitators imbedded in the framework was experienced as necessary for their understanding of the facilitator role and the EBP process.

3.3.2 *Support from colleagues and leaders*

The well-functioning collaboration built on mutuality within the facilitator group was highlighted as the most important support for the facilitators. This contributed to feelings of trust and security in the group, which impacted positively on their work, as well as causing feelings of joy and satisfaction in the facilitator role.

> Being together in the facilitator group is the most important support we have. . . It is very good to have each other. . .

The teacher facilitator was considered by the nurse facilitators to have a key position in the group, as being both a teacher employed by the university, and a nurse. The teacher facilitators' regular attendance on the wards was stated as important as this influenced the engagement and motivation for the EBP process positively. The nurse facilitators especially highlighted the value of support given from the teacher facilitator related to searching, reading and analyzing scientific literature, and compiling results from the audits. The teacher facilitators stressed the nurse facilitators' up-to-date clinical competence and practical knowledge as both necessary and supportive to them in their role. Both nurse facilitators and teacher facilitators stressed how much they had learned from each other. Furthermore, the need for an interested, committed and visible leader on the ward, who supported and encouraged them was recurrently stressed. This support was seen as especially important in step 1, 4 and 5 when collaboration with the nursing personnel both was frequent and necessary.

> To have a leader who every day clearly says: now X and Y must work with the project, and the rest of you must take over their work [on the ward]. That the leader really shows that she is concerned in the everyday work.

3.4 Hindering factors

3.4.1 *Lack of commitment and support*

Limited or lacking encouragement and support from the nurse leader in the daily work was sometimes experienced among the facilitators. This was stressed as an apparent hindrance, as leader support was considered as necessary in order to succeed in the project. The facilitators were convinced that their nurse leader had a genuine interest in the project, as they initially had expressed their support and interest very explicitly. However, the support had along with the process sometimes been experienced as vague or lacking both to themselves, and to the nurse personnel. A more clear interest and engagement shown from the nurse leader was asked for as this could have facilitated their own work a lot, when struggling to conduct the project towards the goal. In-one of the wards the lack of leader support was even reported as a reason for low compliance to new routines at the end of the project.

> There was a lack of personnel on the ward, several of them were ill and I had to use my project day for working on the ward... if she doesn't support me, how important is my work regarded then?

Shortcomings with information and support from project management were also described. The contact, which had often been via e-mail instead of personal contact, was described as sporadic and insufficient, and vagueness in instructions was also mentioned. This impacted negatively on clarity and understanding of the current step but contributed also to feelings of loneliness mainly among nurse facilitators. All this had caused the facilitators problems and led to uncertainty and disappointment.

> When we have got information from the project leader this has come too late. We are planning our schedules 10 weeks in advance, so if things come 3 weeks in advance this will be too late

3.4.2 *High workload and staff turnover*

A high workload on the ward was experienced as a recurrent hindrance. According to the facilitators the nursing personnel, mostly registered nurses but also enrolled nurses, often lacked time to engage themselves and take part in the different steps of the EBP process. In periods of high workload they seemed to forget what had been decided about "best practice", and the new routines were not carried out properly.

> ...there has been such a rotation of personnel, and so much illness among them, and this has led to your jumping around and... The personnel have been worn out, I think this is what it is about.

Staff turnover was also a hindrance as this brought on more work for the facilitators. New sessions of teaching and training had to be arranged for new or returning personnel. A high workload in their own facilitator assignment was sometimes experienced, but this was usually described as related to their own inability to plan adequately. Periods of absence and replacement of facilitators due to parental leave and a new employment meant a disturbance in the working process and brought on difficulties in fulfilling their facilitator tasks. A long geographical distance between hospital and university was stated as hindering for one nurse teacher facilitator, as this hindered physical attendance on the wards as often as wanted.

3.4.3 *Negative attitudes and habitual patterns*

The facilitators described how they met negative attitudes from colleagues especially at the beginning, but also throughout the project from some individuals. This was described as very frustrating and hard to cope with. Initially, serious doubts were also expressed by one of the facilitators about how to succeed with the project, which were related previous negative experiences.

> What I think is – will this project work? I have actually taken part in projects previously... and you discover that... why aren't other persons as enthusiastic as I am? There is such a pressure in the care... I'm absolutely sure that this will not go on entirely painless.

In the implementation step (step 4) the facilitators met unwillingness among some of the colleagues to perform new routines due to habitual patterns. For the same reason nurses could forget to carry out the new routines. The facilitators perceived negative attitudes and resistance as very time and energy consuming, and struggled hard to properly deal with them.

4. METHODOLOGICAL CONSIDERATION

In this study there are some methodological aspects that should be addressed. To improve trustworthiness of the findings the researchers worked in close collaboration during the whole research process. The analysis and the development of the categories were continually discussed by the researchers.[44] The focus groups which were used over a long period of time provided a safe and trusting environment for the interviews, which improved the validity of data. The researchers were knowledgeable about group dynamics

and trained in how to use focus groups. The sample size in each group was small; however, repeated interviews over a long time with the same small number of participants generated rich, in-depth data. In order to protect informants' confidentiality and minimize the risk of harm to individuals, differences in the nurse facilitators' and teacher facilitators' experiences were only illuminated in the findings in regard to their mutual collaboration. However, with few exceptions, the experiences presented were of unified character. Social desirability might have biased the interviews, as the facilitators' deeply felt intention during the whole project was to improve nursing care. However, the rigor undertaken for analysis, the reoccurrence of patterns in the data, and divergent findings identified, help to confirm the findings. In common with other qualitative studies no claims are made about generalizability. Even so, the high congruence between our findings and previous international research indicates that the findings may have applicability also in other contexts. Throughout the study, an audit trail was undertaken including reflective notes, which further increased the trustworthiness of the study.[46]

5. Discussion

In this project the overall intention was to implement and evaluate a collaborative model for promoting evidence-based practice (CMBP) in Swedish and Indian health-care contexts, where nurses and nurse teachers acted as facilitators. Their mission was to promote improvements in nursing practice in accordance with EBP. This paper focuses on the facilitators' experiences of their role in the EBP process within the wards at the Swedish Hospitals only. Our study revealed that the facilitator role was dynamic, and changing, and also very demanding. The comprehensiveness of the facilitator role has previously been described by Harvey *et al.* (p. 586),[25] who claimed that "facilitators need to be able to move along the whole range of the continua, depending on the needs of the situation and the change to be implemented", which is well in accordance with our findings. The facilitators described their part in the process as a constant struggle to understand and handle new tasks, swinging between feelings of joy and happiness, and dissatisfaction and worries, or the reverse. What was interesting to note was that full awareness about what the role really meant seemed to arise firstly in step 4 of the EBP process. Until then the facilitators struggled hard to understand and carry out the first three steps and did not fully grasp the whole process and the connection between the different steps. This resonates with theories about novice learning, illustrating the task-oriented view when getting into a new field of knowledge.[47]

The facilitators' experiences of their own learning and development as an important part in the facilitator role corresponds with the findings about repeatedly facing new tasks filled with feelings of unawareness and insecurity. Especially new knowledge and skills related to searching for and reviewing scientific literature were highlighted, as this was rather unfamiliar to most of the facilitators at the beginning. This finding concurs with other studies showing that this part of the EBP process is still a major hindrance for a majority of nurses.[48,49] What was distressing was that despite the two weeks of theoretical and practical training at the beginning of the project focusing on the EBP process, the facilitator role, and searching, reading and evaluating scientific literature, they had great difficulty grasping what this really was about. In our project the selection criteria did not include academic level achievements, but with one exception the nurse facilitators each had a BSc and the teacher facilitators had a MSc. This suggests that it cannot be taken for sure that a bachelor degree for the nurse facilitator role, or a master's degree for the teacher facilitator role means enough knowledge about the EBP process, and that handling and judging scientific literature may put demands on higher academic training. Previous researchers[38,50] have proposed that facilitators with a masters' or a PhD degree respectively could be preferable in the facilitator role, which may have reduced some of the problems the facilitators faced especially during the first three steps in our study. The findings also suggested the need for a more comprehensive preparation course than the two weeks that were given prior to start, as well as reiteration of training during the process.[51]

Another area of learning concerned the ability to inspire, teach and support colleagues in the EBP process, a mission imbedded in the model, and also prepared for in the preparation course. The facilitators in our study stressed what many authors already have stated, that in order to make the changes in practice accepted, understood and long-lasting, involvement of all the nurses is imperative.[52,53] However, the findings show that making all colleagues involved in this kind of project is not easy, and the facilitators often met reluctance and resistance especially at the beginning. This may be understandable since leaders and facilitators in projects like this one are often involved a long time in advance, interested and full of enthusiasm, but nurses on the wards are at the outset mostly peripheral. According to the facilitators in our study, the colleague's engagement and interest arose firstly when the practical changes started. Before this step the EBP process seemed to have been mostly a concern for the facilitators and the leaders, and a theoretical part with little to do with the practical improvement of nursing care. This demands more attention to information and involvement activities provided directly to the whole nursing group in a

project ward when planning for a project start.[54]

The facilitators also illuminated their role as a leadership role with a great responsibility for improvement of nursing care, which is congruent with other studies.[29] The findings showed that their ambitions were high and they wanted to perform as well as possible to drive the project forward. Accordingly, all of them started with very good intentions, and at the end most facilitators were fully satisfied and stated that they had reached the goal of "best care". They also described that they valued their own contribution and felt proud. In two wards the goal-attainment was described as partial and the facilitators told more about difficulties and disappointment in the last interview than about their own contributions. These findings point out the vulnerability that could be built into the facilitator role. Shouldering this role in a EBP-project means a promise to do your best over a long period of time to reach "best care" on a ward. If the goal is met this will often be taken as a proof of one's own capability. If not this might be a sign of personal failure. However, what should never be forgotten is that a chain is never stronger than its weakest link. As implementation of EBP is a matter of team-work[26,55] success or failure when it comes to goal attainment can never be dependent on the facilitators only.

In this study the facilitators stressed the importance of being a role-model for the other nurses on the ward, which also has been highlighted elsewhere.[50,56] To be visible in the ward and practically guide colleagues towards the goal of "best care" was described as very satisfying, as positive feed-back was received. This "hands on" training as an important part of the facilitator role is interesting as it adds to the knowledge about tools for success in the EBP process.[29] The significance of internal facilitators is illuminated as well.[26]

The facilitators highlighted the role as "being a link between different levels". They saw themselves as an important link for information and knowledge transfer between the project management and the nursing personnel on the ward, which also other studies have reported as a part of the facilitator role.[24,57] Transfer of positive attitudes to inspire colleagues to become open-minded for change of practice was another part of the role mentioned, which has been described by Harvey *et al.* as "releasing the inherent potential of individuals" (p.581).[25] A noteworthy finding was the facilitators' insight about how in periods of high workload they could be carriers of negative attitudes themselves. Despite the well-functioning collaboration and mutual support that were stated as present in the facilitator group, this further illuminates the importance of continual ongoing support to facilitators.[58]

Findings in this study also illuminated hindrances which correspond to the large number of previous reports about barriers for research use in nursing practice.[17,59–62] The hindrances concerned such factors as high workload, staff turnover, lack of support from colleagues and leaders, old habits, and resistance to new routines. Of these hindrances the facilitators' experience of the lack of support from leaders is perhaps the most remarkable one, as the leaders were expected to take on a supportive role throughout the EBP process. Accordingly, this finding further stresses the important role leaders have in order to improve nursing quality.[63–66] Another disappointing finding was the facilitators' experiences of short-comings in information and support from the project management. As relationship-building through regular communication, shared decision-making and consensus-building are stated as very important components in a successful collaboration[57,67,68] this finding is significant. The discontinuity of facilitators reported was an additional hindrance, which is probably related to the long-lasting character of a project like this one. Despite serious attempts to avoid breaks in the facilitator role replacements of facilitators were inevitable in some cases. When this happened the working process on the ward was negatively affected. This emphasizes the importance of continuity in the facilitator role in order to reach goal attainment.[69,70]

Finally, the project presented in this paper was grounded in ideas which are well established from both research and experience. Initially the project was given the prerequisites prescribed in the literature related to "awareness of the need for change, leadership and project management, relationship-building and communication, importance of the local context, and ongoing monitoring and evaluation" (p. 81).[29] According to our findings the prerequisites provided were appreciated by the facilitators, and mostly well-functioning. Regrettably, our findings also revealed that when reality caught up with the ideas sustainability was lacking in some of the areas, which may explain the reason why goal attainment was reached according to the facilitators only in two of the project wards. Thereby, our findings resonate with other studies showing that change in practice is a challenging and strenuous activity that needs long preparation in advance for all parties involved, and most of all puts demand on comprehensive support.[55,67]

6. Conclusion and implications for clinical practice

The study shows that the CMBP model with nurse facilitators and teacher facilitators working together could impact positively on the implementation of new routines on hospital wards. The facilitator role was described as very comprehensive, dynamic, and changing, which put heavy demands on the facilitators. Being in the role meant shouldering a

leadership role filled with many responsibilities together with one's own professional and personal development. Ongoing, timely and adequate support from the nurse leader and the project management was essential in order to succeed with the implementation of evidence-based new routines. The study has thrown some light upon the need for long-lasting activities to make sure that all the prerequisites given in an EBP project like this one really are working in the desired direction.

To improve the CMBP it is suggested that the selection of nurse facilitators and teacher facilitators should be based on Msc and PhD level respectively in order to reduce some of the hindrances reported in the study. Additionally, the extension of the preparation course for facilitators would be needed.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no conflicts of interest.

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