Editorial

Implementation science study on nursing leader's competencies

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DESCRIPTION

To improve patient care, nursing leaders must engage in Evidence-Based Practise (EBP). The goal of this research was to see how an implementation science study affected nurse manager competencies. Following an implementation science research, leaders were interviewed in qualitative focus groups. As a guide, the AONL Nurse Manager Competency Framework was employed. After participating in the implementation science study, leaders believed they were better equipped to promote EBPs, influence others, and advance in their careers. Frontline leaders' ability to interact with and promote EBP can be improved by participating in nurse-led implementation science studies.

The function of nurse manager is one of the most difficult in health care. Nurse managers are not only in charge of patient care operations, including budgetary limits and staffing issues, but they are also frontline leaders in implementing Evidence-Based Practise (EBP) initiatives that affect quality and safety measures. However, Melnyk and colleagues discovered that manager and leader reluctance to EBP, as well as managers' incapacity to provide hands-on support and lack of role modelling, were important barriers to effective EBP implementation.

Improving nurse managers' participation in EBP, as well as other clinical inquiry such as quality improvement and nursing research, is critical for improving patient care. Nurse managers will also benefit by participating in clinically inquiry by expanding their knowledge of the American Organization of Nursing Leaders (AONL) Nurse Manager Competencies in managing business, leading people, and building their own leader inside. The goal of this qualitative study was to figure out how a major implementation science study affected nurse managers' abilities.

Nursing staff were not following the evidence-based chlorhexidine gluconate (CHG) bathing routine for Central Line-Associated Blood-Stream Infection (CLABSI) prophylaxis, according to needs assessment conducted in the fall of 2018. As a result, from May to September 2019, an implementation science research including 14 critical care units at two big hospitals was conducted. The research team met with unit-based nurse managers and clinical team leaders prior to starting the study to gain their support and involvement in the feedback to staff design.

Two implementation methodologies, educational outreach visits, and audit and feedback were all part of the intervention. Infection prevention specialists conducted in-services with nursing staff during educational outreach visits to cover the importance of and method for CHG washing. Documentation and process compliance audits were conducted for the audit and feedback plan, and weekly feedback was delivered to nursing leadership for distribution to employees. Compliance with the CHG bathing process increased dramatically after the intervention. CLABSI rates dropped considerably after a year. The full findings of this investigation were already published.

The success of this implementation study was attributed in part to the nurse managers' and clinical team leaders' excellent teamwork and support. Following the implementation study, we conducted qualitative focus group interviews to learn more about the study's influence on nurse managers' AONL-defined abilities, such as the science of managing business, the art of leading people, and the growth of the leader inside. As a result, from May to September 2019, an implementation science research including 14 critical care units at two big hospitals was conducted. The research team met with unit-based nurse managers and clinical team leaders prior to starting the study to gain their support and involvement in the feedback to staff design.

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