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Evidence-Based Practice Self-Efficacy and Outcome Expectancy in the Nurse Resident

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Abstract

EBP training is effective in improving nurses’ knowledge of and attitudes toward EBP, however, it does not consistently result in behavior change (Jackson, 2016; Black, Balneaves, Garossino, Puyat & Qian, 2015). Previous studies support the role of self-efficacy in promotion of EBP implementation (Blackman & Giles, 2017; Ryan, 2016). The purpose of this project is to examine how EBP training provided to nurse residents affects their EBP self-efficacy and outcome expectancy. A convenience sample of nurse residents in two acute care hospital residency programs were surveyed using an instrument found to be valid and reliable by Chang and Crowe (2011) which measures self-efficacy and outcome expectancy of evidence-based practice (Cronbach’s alpha =0.96). Data analysis of the difference in EBP self-efficacy scores at the mid point of the residency program demonstrated that the training provided to the residents did not significantly affect the nurse residents’ EBP total self-efficacy scores or subscale measures, but a significant decrease in total outcome expectancy scores was found (p<.05).

Problem Statement & Significance

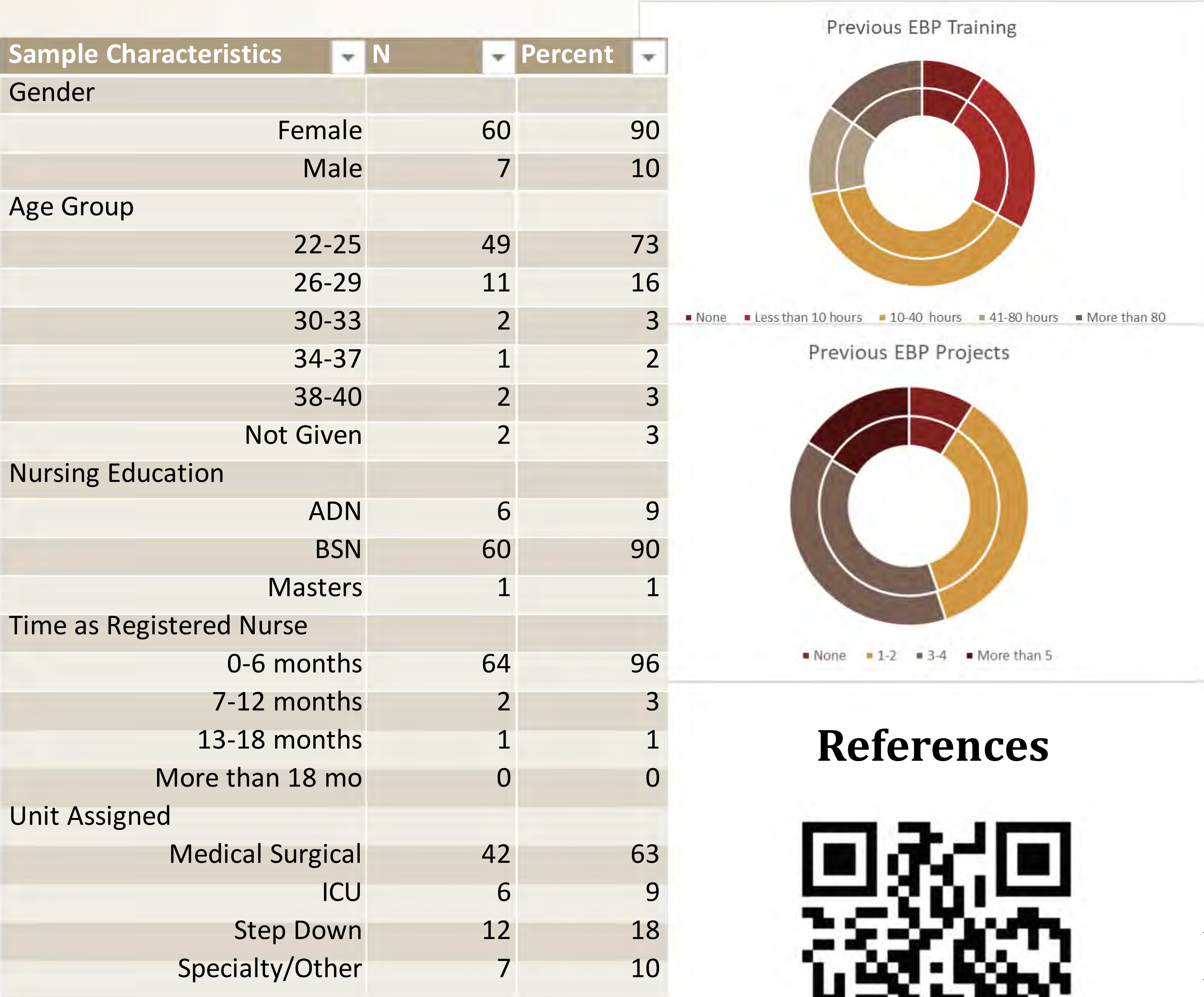
PICOT: *In nurse residents, how does EBP training influence EBP self-efficacy and outcome expectancy in the first year of practice?*

- The new graduate nurse enters a highly complex, demanding work environment
- Increased acuity, decreased length of stay, inadequate RN workforce, horizontal violence (Hamstrom, Kankkunen, Suominen, & Mereotoja, 2012).
 - Transition Shock model describes a crises period requiring support (Duchscher, 2009).
- Results include high levels of job dissatisfaction, burn-out and attrition
- 30-50% nurse graduates change jobs or leave the workplace within the first 3 years (Snavelly, 2016).
 - Average cost of attrition per RN- \$37,000-\$58,400 or \$5.2-8.1 million per average hospital (Nursing Solutions, 2016).
- Safety concern
- Without adequate transition support the new graduate nurse lacks the competence to provide safe, quality care (Clipper & Cherry, 2015).
- Benefits of Evidence-Based Practice
- Improved patient outcomes & safety
 - Increased nursing job satisfaction
 - Decreased healthcare costs (Melyn & Fine-out Overholt, 2015)

Project Description & Design

- Target Population:** A convenience sample of nurse residents participating in a one-year nurse residency training program as new hires from 2 institutions were invited to participate in the survey at the beginning of the program and after EBP training.
- Recruitment:** a verbal invitation to participate during a nurse residency class where an informed consent script was read and provided to participants. No incentives for participation were offered.
- Sample:**
- Large inner-city specialty center program included 69 nurse residents in cohorts starting between August through November of 2018. 66 participated; (96% response rate).
 - Community hospital program included 20 nurse residents starting in September of 2018. 17 participated; (85% response rate).
 - After data cleaning, 67 (81%) residents were matched for analysis.

IRB: approvals were received from both study sites and the Otterbein University Institutional Review Board.



References



Outcomes & Evaluation

- EPB Self-Efficacy (SE) and Outcome Expectancy (OE)**
- Survey Instrument:**
- This instrument measures the efficacy of EBP training interventions in nurses and other healthcare workers, based on the key constructs of Bandura’s Self-Efficacy Theory and on the five steps of the EBP process (Chang & Crowe, 2011).
- SE-EBP scale includes 26 items on a 11 point Likert-type Scale measuring the level of confidence nurses have about EBP.
 - OE-EBP scale includes 8 items on a 11 point Likert-type Scale measuring how confident respondents are that accomplishing the steps of EBP would lead to improved quality of patient care.
 - Validation testing showed it to be a valid and reliable instrument .

EFFICACY MEASURE	PRE	POST	DIFFERENCE
Scale (Possible)	Mean (SD)	Mean (SD)	Paired t-Test
Self-Efficacy Total (280)	156.94 (40.99)	158.53 (32.96)	0.33 *NS
Identifying (50)	28.15(7.42)	29.62 (5.84)	0.21 * NS
Searching (90)	58.32 (16.59)	55.41 (11.91)	1.78*NS
Implementing (140)	70.46 (21.88)	73.49 (19.30)	1.14*NS
Outcome Expectancy Total (80)	51.58(14.39)	47.94 (11.66)	2.30 (p<.05)
NS=not significant			

Conclusions & Recommendations

Confidence in EBP can be enhanced through the focus on Bandura’s (1977) sources of self-efficacy (i.e., mastery experiences, vicarious experiences, verbal persuasion and physical and emotional states). A repeat measure of the SE and OE at the end of residency after completion of the EBP project may result in positive differences in SE scores due to the influence of efficacy sources. The increased stress during the mid-point of the residency period may have contributed to the decrease in outcome expectancy scores found.

Recommendations include providing residency program support for the full first year of practice to develop EBP efficacy beyond the critical stress experienced at 3-6 months and inclusion of EBP training which integrates the four sources of efficacy.

