

## **Reviewer's report**

**Title:** Institutionalizing evidence-based practice: An organizational case study using a model of strategic change

**Version:** 1 **Date:** 5 January 2009

**Reviewer:** Thomas E Vaughn

### **Reviewer's report:**

Institutionalizing evidence-based practice: An organizational case study using a model of strategic change.

This is generally a very well-written manuscript about an important topic. The approach is thoughtful and well-designed. The conclusions make sense and highlight some areas that are consistently noted in the change literature as important, especially the role of leadership across levels and the provision of resources. There are several areas that could be described a bit more clearly, or developed more. In particular, several of the limitations deserve more discussion.

1. The authors mention the fact that some of the interviewees may have provided socially desirable responses. They also discuss the fact that through triangulation this should be minimized. However, it is not clear whether the interviewers may have influenced the response, or the coders may have selectively interpreted interview data given that they were not blinded to the organizations.

2. As the authors point out, this was a cross-sectional study with some access to historical data. One limitation of this is that how the structures, processes, resources, and culture rolled out over time is lost. It may be that the sequence affects the success of implementation. Related to this, the authors mention that the Beginner is "early" in the EBP institutionalization journey. How is "early" defined? Is there a timeline that seems to be necessary, or just steps, in order to institutionalize? Another way to ask is how long Role has been on the journey versus Beginner, and how long different features have been in place, and was there a sequence to them. How long had Role been a magnet hospital? Is it possible that that influenced the receptivity of Role toward EBP?

3. Several characteristics of the organizations are worth exploring more. For example, the percent of BSN trained nurses is quite different. What is the likely significance of this? Are there also differences in experience levels? How long have the CNOs and NMs been in place? How supportive is the medical staff in each organization? What were the criteria AONE used to nominate the sites?

4. It would be good in Table 2 to indicate how many persons were invited to participate in the focus groups as well as the number who participated. Also, how were the potential participants selected? This comes to mind partly because the participation rate of both hospitals in the surveys was low, even for the leader groups. One might expect a higher participation rate in Role if culture is important.

5. Related to the above, the definition of 'informal' might be explicated. The description suggests that "formal" leaders have hierarchical authority, while the 'informal' leaders have staff roles. Were any "informal" leaders identified and interviewed who had neither, but who were respected opinion leaders among their peers?

6. The discussion of Beginner seeking Magnet status at the same time as working to build EBP implementation capacity versus Role having Magnet status and an in-place infrastructure for EBP implementation while dealing with another strategic goal could be explored. Is it likely that certain organizational changes are of such magnitude that only one can be achieved at a time, but that once the structures to support those changes are institutionalized other changes that are not inconsistent with the ones in place can be tackled? (E.g. Meyer and Rowan, 1978 or Hannan and Freeman, 1984)

7. One troubling aspect of this study is that it is difficult to see that we learn anything new from it. The study does an excellent job of highlighting some critical issues, but these are issues that are recognized in the literature. A significant practical contribution could be made by explicating more clearly concrete examples of how philosophy, processes, and behaviors (pg. 15) reinforced and were interconnected (pg. 11) with one another.

8. Minor points:

a. Table 1: Institutionalization is not in alphabetical order.

b. Pg. 7 Nursing Work Index – No acronym is given as for the other survey instruments.

c. Pg. 12: The description of the coding of levels of receptiveness and how those levels were determined for Figures 2 and 3 might be put in the Methods section.

d. Table 2: More complete citation to Pettigrew et al.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.