

# Knowledge and Attitude Regarding Implementation of Evidence Based Practice Among Nurses

Dr Jasneet Kaur<sup>1</sup>, Dr Sheela Upendra<sup>2</sup>, Ms Shital Barde<sup>3</sup>

<sup>1,3</sup> Associate Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune

<sup>2</sup> Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune

## Abstract

Nurses get information and skills in order to do nursing evaluations and follow a set of stages while completing operations. When this information and sequencing are implemented as nursing treatments are conducted in the practical context, patients are more likely to have favourable outcomes. When nurses miss stages in treatments or haven't yet mastered skill sets, less-than-optimal results, such as infection and skin disintegration, might occur. Several researches have looked into how EBP is seen by a number of nursing professional groups. Nursing professionals expected to have a positive attitude about EBP, but they lack the necessary knowledge and abilities to put it into practise. EBP implementation is hampered by a variety of human and organisational constraints. The aim of the study is to determine the knowledge and attitude regarding implementation of evidence based practice among nurses at selected colleges. A cross sectional design was used to get the data from 100 nurses from selected hospitals. The population were Nursing faculty working in the college areas. The participants were selected through purposive sampling technique. The results showed that majority of participants (70%) were possessing low level of EBP and followed by 25 % were having average level of knowledge. The majority of participants (72%) were possessing negative attitude and 26% were having positive attitude. Experience showed association with the knowledge of the participants. The study concluded that when the following characteristics are present, healthcare professionals are more likely to incorporate evidence into clinical decision-making: positive attitudes toward EBP,

## Introduction

Evidence-based practise has indeed been defined, revised, and widely accepted as the purposeful, explicit, and cautious use of best current best research evidence with clinical competence and patient values to guide healthcare decisions. There are various advantages to using EBP. It has been lauded as the cornerstone for clinical practise excellence, with benefits such as enhanced outcomes and excellence, higher happiness for patients/families, staff, and faculty, increased efficiency, reduced inequities in treatment, and lower costs. Quality improvement models that attempt to bring measurable change to healthcare settings have lately received increased attention.<sup>1</sup>

Several researches have looked into how EBP is seen by a number of healthcare-related professional groups. Most healthcare professionals have a positive attitude about EBP, but they lack the necessary knowledge and abilities to put it into practise. EBP implementation is hampered by a variety of human and organisational constraints. To far, there have been no studies into how Nursing professionals use EBP in clinical decision-making.<sup>2</sup>

Nurses get information and skills in order to do nursing evaluations and follow a set of stages while completing operations. When this information and sequencing are implemented as nursing treatments are conducted in the practical context, patients are more likely to have favourable outcomes. When nurses miss

stages in treatments or haven't yet mastered skill sets, less-than-optimal results, such as infection and skin disintegration, might occur. When it comes to making choices regarding performance in their own practises, nurses frequently refer on previous school teaching.<sup>3</sup>

Healthcare organisations and executives are in great need to improve results by establishing a structure, culture, and context in which analytical enquiry and the lot of evidence are integrated into daily nursing practise.<sup>4</sup>

### Aim

The present study aimed to determine the knowledge and attitude regarding implementation of evidence based practice among nurses at selected colleges

### Method

The study has adopted the cross sectional approach which was used to get the data from 100 nurses from selected hospitals. The population were nursing faculty working in the college areas. The participants were selected through purposive sampling technique.

Questionnaire was used to assess the knowledge and A 5 point likert scale was developed to assess the attitude of nurses. Age, designation, experience, and academic degree and area of work were all factors in the study. The questionnaire was sent to the participants via online mode. Consent of participants was obtained those who met with inclusion criteria.

## Results

### Section 1 Demographic characteristics

The study analyses showed that maximum participants (82%) were MSc nursing, 10% were PhD Nursing and 8% were Graduates. Maximum (68%) have experience more than 10 years followed by 28% with 5 to 10 years and 9 % less than 5 years. Maximum 79 % were Assistant Professors followed by 11% were Associate Professor, 3 % were Professor and rest were Tutors. All participants were teaching faculty

### Section II: Knowledge of the participants regarding implementation of EBP

**Table 1: Knowledge of the participants**

Knowledge level	Number	Percentage
Low level (<20)	70	70%
Average level (21 -30)	25	25%
Good level (31-40 )	5	5%

The majority of participants (70%) were possessing low level of EBP and followed by 25 % were having average level of knowledge . A very few participants 5% had good knowledge of EBP. The participants expressed

that they were knowledgeable about the research process (68%). More than 70% of them could not able to define definition of Evidence based practice.

### Section III: Attitude of the participants regarding implementation of EBP

**Table 2: Attitude of the participants**

Attitude level	Number	Percentage
Positive attitude	26	26%
Negative attitude	72	72%
Neutral	2	2%

The majority of participants (72%) were possessing negative attitude and 26% were

having positive attitude . 2% of the participants had shown neutral attitude

**Table 3: Association of knowledge and attitude with socio demographic variables**

Socio demographic variable	Knowledge scores		Attitude score	
	Chi square	P value	Chi square	P value
Age	1.32	0.87	1.96	0.78
Designation	1.39	0.82	1.85	0.86
Experience	0.87	0.46	1.07	0.56
Education	1.42	0.92	1.56	0.56
Working area	1.38	0.98	1.09	0.92

The data showed the association between knowledge and attitude scores with selected socio demographic variables. No socio demographic variable showed the association with knowledge and attitude scores

### Discussion

Our results demonstrate that a majority of healthcare personnel have negative attitudes toward EBP. However, their knowledge regarding the EBP is also limited. Stevenson et al also mentioned that participant had average level of attitude.<sup>5</sup> The lack of a meaningful correlation among respondents' sociodemographic variables and their perception toward EBP contradicts the findings of Jette et al., who found that the younger professionals with less professional experience have a more good attitude toward EBP than older professionals with a little more years of experience.<sup>6</sup> Similarly, our data show that nursing faculty members are unfamiliar with technical words like probability value, relative risk, and standard error that are utilised in research article review. Other investigations have shown similar lack of understanding of technical jargon in research. The overall data mentioned that participants have low to average level of knowledge regarding evidence based practice. The similar results are seen by upton etal where the participant are not aware of the evidence based practice.<sup>7</sup> Our data also revealed a strong association between nursing faculty members' knowledge of EBP experience but no significant relationship with other socio demographic characteristics.

### Conclusion

The importance of this study arises from the fact that it focuses on evaluating EBP application in everyday clinical practise. We compared diverse degrees of views regarding EBP among all types of healthcare workers using a large-scale questionnaire survey. Our findings revealed that when the following characteristics are present, healthcare professionals are more likely to incorporate evidence into clinical decision-making: positive attitudes toward EBP, Education and training that support these aspects, to the degree practicable, may assist to enhance positive views and attitudes towards EBP, and ultimately, EBP usage in practise.

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