

“Assess the Awareness of Evidence Based Practice among Nurses at Tertiary care Hospital”

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Abstract: Background: Evidence-Based Nursing a process of making clinical decisions on the basis of the best available evidence supported by research, their clinical experience and patient preferences in the context of available resources. **Material and Methods:** A descriptive Cross-sectional study carried out at LUMHS Hyderabad / Jamshoro for three months after the approval of synopsis. Participants in the study filled questionnaires which comprises in two sections: the demographic and EBP-related data. For this analysis, the demographic data questionnaire was developed by the authors and included: age, gender, educational achievement, current work role, overall years of experience and period and duration of nursing profession. **Results:** The study included a total of 350 subjects which consisted of 100 males (28.6%) and 250 females (71.4%) with mean age 30±. A significant relation was found between knowledge about evidence based nursing practice (P value =<0.001) and many variables of interest. **Conclusion:** Evidence based practice among nurses has been inadequate in tertiary care facility of Hyderabad. Most of the nurses felt difficulty in providing nursing care and facing stress during nursing care delivery. Lack of facilities and manpower at public hospital affect the evidence based practice.

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Introduction

The professional services of the nurse include care management in the areas of health promotion, maintenance and restoration, disease prevention or injury, and the implementation of diagnostic and medical treatment measures and the obligation to ensure the best management of patient care resources.¹ Nursing care management will be understood as a nurse's professional practice based on her discipline: the science of care. This is described as 'the timely, secure and comprehensive application of a professional judgment in the planning, organization, encouragement and control of care provision, which ensures continuity of care that based on the institution's policies and strategic guidelines.'² Its ultimate aim, therefore, is to offer users the best possible results in day-to-day practice, in line with the available scientific information, which has demonstrated its ability to favorably change the clinical course of the disease and considers the best use of resources.³ Some of these problems are lack of funding, lack of a suitable teaching environment, attitude toward study, lack of clinical expertise and particularly low level of understanding and compliance with "evidence-based nursing practice."

Nurses in the developed world don't even know evidence-based practice. An inquiry undertaken by the National Health and Welfare Board of Sweden found that in hospital care 8.6 per cent of patients were injured. If real expertise had been applied, such accidents would have been found to be avoidable.⁴ The EBN process consists of five stages or phases that are combined into a complex and continuous process that results from the patient-nurse relationship that ultimately enables us to obtain the proof.⁵ The first stage consists of formulating the issue.⁶ The second stage consists of the bibliographic search, which offers the best answer to the question or problem presented.⁷ It is important to note that the search for scientific evidence must be undertaken in an objective manner, in order to assess the accuracy of the knowledge, to which the nursing professional is dedicated in order to enhance their clinical and teaching practices.⁸ The third stage consists of an examination of the relevance and usefulness of the results.⁹ Sensitive reading is conceptualized as a deliberate willingness to take a stance with respect to what is presented in research

papers, accompanied by varying degrees of awareness, reflection and elaboration.¹⁰ The fourth stage is the realistic application of the established scientific proof.¹¹ The final stage is to determine the results of the chosen intervention procedure. EBN comes from the conception that the treatment we provide is decided by solid research and not by practice or clinical preference; it does not change based on a single study; it is the accumulation of the results of many studies, usually using different designs, that provide sufficient evidence to create change.¹² However, despite studies in different countries on the benefits of EBN, barriers are emerging that prevent the implementation of EBN in clinical nursing, among which there is a lack of time for nurses to read the research; organizations that do not provide the structures needed to apply the evidence, difficulties for nurses to understand the statistics, feelings of isolation between nurses to discuss findings, and lack of collaboration from physicians.¹³ A low motivation in the study, low possibilities of professional development and lack of recognition of the work of the nurse have also been reported. This is due to the lack of strength that Nursing has had to defend and implement in clinical fields its own discoveries from the multiple investigations carried out, many of them with great effort, and whose results have only remained in theses or journals.¹⁴

Operational Definitions

Evidence based nursing: An approach to making quality decisions and delivering nursing care based on professional clinical experience combined with the most up-to-date, applicable research on the subject.

Awareness: The state of being attentive of something.

Protocol: A set of rules authorizing two or more communications system entities to transmit information through some variation of a physical quantity.

Quality: A distinctive characteristic or feature that someone or something possesses.

Practitioner: An individual who is actively involved in an art, discipline or profession, especially medicine.

Litterateur Review

Pakistan's nursing career suffers from severe socio-cultural issues, and Pakistan's unrecognized status of women has prevented significant development in nursing. Multiple attempts to carry nursing to respectable status have yielded poor results, as male dominance silences the voices of influential

nursing leaders in Pakistan. With every forward step toward progress nurses experience exhausting obstacles as Khowaja reported in Karachi, Pakistan 23% of annual turnover rate involves nursing migration in search of better recognition and higher income outside of Pakistan.¹⁵ The nursing profession has three main functions: the management of care, the implementation of actions derived from medical diagnosis and treatment, and the obligation to ensure the best management of patient assistance resources.¹⁶ The nurse needs to encourage proactive leadership in managing her dependence's work teams, for which she must implement assessment systems and continuous improvement in nursing care.¹⁷ The nurse performs her social role to provide care through appropriate management and addresses a specific social issue as compared to other professions.¹⁸ The professional criteria is known as the ability to understand a situation or issue that requires it to be found within the field of nursing and to find a solution in compliance with the ethical standards that govern the practice, the legal norms that control it, the empirical and humanistic expertise that supports it, the available resources and the patient's unique needs.¹⁹ The professional criteria is known as the ability to evaluate a situation or a issue to find a solution in compliance with the ethical standards that direct the practice, the legal norms that regulate it, the empirical and humanistic expertise that underpins it, the available resources and the patient's particular needs.²⁰ Nursing is a series of systematized, coordinated, observable, recorded and evaluable activities, based on nursing models and hypotheses and/or empirical evidence, carried out to ensure that a person with real or potential health issues receives healthy, reliable and effective nursing care in order to achieve optimal wellness.²¹ There is an existing gap between teaching and learning at evidence based practice in nursing schools.²² EBNP teaching has been performed largely implicitly, promoting the difference between what the students know and can do.²³ EBP the best strategies, perhaps the best to achieve, This is defined as the process by which nurses make clinical decisions on the basis of the best available evidence supported by research, their clinical experience and patient preferences in the context of available resources.²⁴ It is also defined as the conscious, explicit and judicious application of the best available scientific evidence on nursing knowledge to decision-making on patient care.²⁵ EBN is a mechanism in which actual and future issues concerning users' wellbeing are posed as questions, the responses to which are regularly pursued and analyzed based on the findings of the latest studies and which serve as the basis for decision making.²⁶ Timely, EBP is effective and appropriate management for treatment, an ethical obligation to

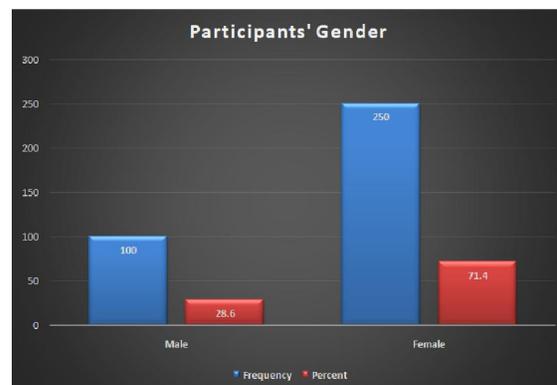
respond to society the best data available for making the right decisions about caring for people.²⁷ Owing to rising demands of high-quality nursing care in society, it is no longer appropriate for nurses to provide nursing care based solely on the expertise and understanding of textbooks; but to provide quality nursing care based on empirical results.²⁸

Methodology

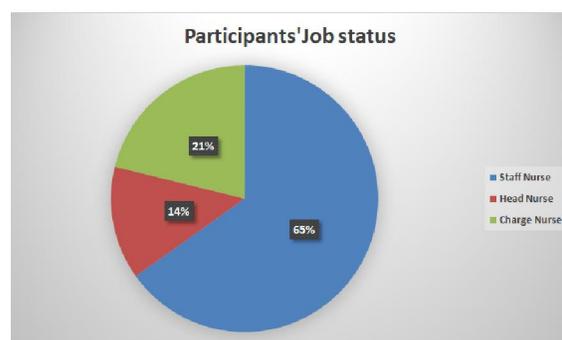
A descriptive Cross-sectional study carried out for Three months after the approval of synopsis from ERC of LUMHS. This study was conducted at Liaquat University Hospital Hyderabad and Jamshoro. Non probability convenient sampling technique was used. 350 Sample size was observed. Participants in the study filled two section based questionnaires; demographic characteristics and EBP-related data. The statistical analysis was performed on SPSS version 22. The level of significance was kept at $p = 0.05$ with 95 % confidence level and 5% level of margin error.

Results

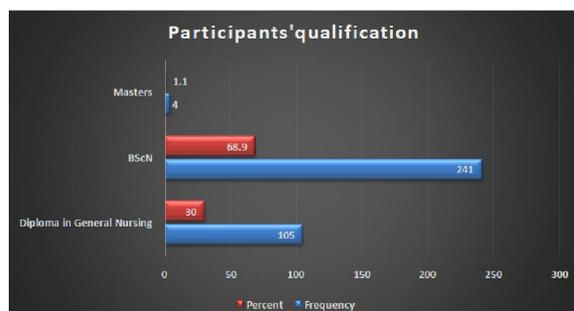
The study included a total of 350 subjects which consisted of 100 males (28.6%) and 250 females (71.4%) with mean age 3 as shown Graph 1. Graph 2 shows the distribution of job status of subjects which is, staff nurse 228, head nurse 48 and charge nurse 74 respectively. Graph 3 shows the distribution of Qualification of subjects which is, Masters 4, BScN 241, and Diploma in general nursing 105, respectively. Chi square test between few variables showed very highly significant relation and some variable showed non-significant relation as shown in Tables 1, 2 and 3, respectively.



Graph 1. Distribution of the gender of the subjects (n=350).



Graph 2. Distribution of the job status of the participants of the study (n=350).



Graph 3. Distribution of the Qualification of the participants of the study (n=350).

Table 1. Qualitative variables are shown below (n=350).

Questions	Frequency	% age (%)	P-value
Do you read nursing literature?			
Yes	230	65.7	<0.001
No	120	34.3	
Do you follow nursing precautions?			

Yes	310	88.6	0.264
No	40	11.4	
Knowledge about importance of assessing patients as per protocol?			
Yes	287	82.0	<0.001
No	63	18.0	
Do you practice therapeutic communication?			
Yes	333	95.1	0.235
No	17	4.9	
Practice of medicine administration as protocol?			
Yes	326	93.1	1.000
No	24	6.9	
Nursing care should be updated?			
Yes	300	85.7	<0.001
No	50	14.3	
Knowledge to integrate diversion therapy?			
Yes	313	89.4	0.559
No	37	10.6	
Knowledge about guidelines for evidence based practice?			
Yes	256	73.1	<0.001
No	94	26.9	

Table 2. Qualitative variables are shown below (n=350).

Questions	Frequency	%age	P-value
Knowledge about what evidence based practice is?			
Yes	283	80.9	<0.001
No	67	19.1	
Feel difficulty to provide nursing care?			
Yes	192	54.9	0.001
No	158	45.1	
Feel stress during nursing care delivery?			
Yes	117	33.4	<0.001
No	233	66.6	
Follow the strategies to solve barrier?			
Yes	296	84.6	1.000
No	54	15.4	
Support from higher authority to remove the barrier?			
Yes	303	86.6	0.015
No	47	13.4	
Feel comfort after nursing care delivery?			
Yes	315	90.0	0.766
No	35	10.0	
Able to manage the patient independently?			
Yes	327	93.4	0.491
No	23	6.6	
Help the patient in recovery from illness?			
Yes	350	100.0	N/A
No	0	0	
Provide quality care to patients?			
Yes	331	94.6	0.109
No	19	5.4	

Table 3. Qualitative variables are shown below (n=350).

Questions	Frequency	%age	P-value
Assess patient on evidence based practice guidelines protocol			
Yes	303	86.6	0.015
No	47	13.4	
Counsel the patients to relieve the anxiety?			
Yes	336	96.0	0.377
No	14	4.0	
Type of organization			
Yes	173	49.4	0.286
No	177	50.6	

(32.6%) nurses were reading nursing literature and 67.4% were not reading it having statistically significant difference (P value = 0.001). (89.4%) nurses were following nursing precautions compared to those who were not following (10.6%) having statistically significant difference (P value = 0.001). (82.6%) nurses had knowledge about importance of assessing patients as per protocol having no statistically significant difference (P value = 0.48). Majority of nurses (95.7%) nurses were practicing therapeutic communication having no statistically significant difference (P value = 0.06). (93.7%) nurses were practicing medicine administration and nurses (6.3%) nurses were not practicing it having statistically significant difference (P value = 0.04). (86.3%) nurses said nursing care should be updated and (13.7%) said it should not be updated having no statistically significant difference (P value = 0.53). (90%) nurses had knowledge to integrate diversion therapy and (10%) nurses had no knowledge about it having no statistically significant difference (P value = 0.29). (26%) nurses knew about guidelines for EBP and (74%) nurses did not know having no statistically significant difference (P value = 0.18). Nurses (18 z.6%) had knowledge about what evidence based practice (81.4%) did not know having statistically significant difference (P value = 0.02). (54%) nurses were feeling more difficulty in providing nursing care but (46%) nurses did not feel any difficulty having statistically significant difference (P value = 0.04). (32.9%) nurses were feeling stress during nursing care delivery but (67.1%) nurses were not feeling stress having no statistically significant difference (P value = 0.13). (84.9%) were following the strategies to solve barrier reading and (15.1%) were not following having statistically significant difference (P value = 0.001). (86.3%) nurses reported to have support from higher authority to remove barrier but (13.7%) having statistically significant difference (P value = 0.01) (57.4%) nurses felt comfort after nursing care delivery and (42.6%) did not feel comfort having no

statistically significant difference (P value = 0.21). (94%) nurses were able to manage the patient more independently but (6%) nurses were not able to manage it and had no statistically significant difference (P value = 0.37). All the nurses said they helped every patient in recovery from illness Nurses are helping hand to patients and their families and plays a main role in recovery of patients and trying to save the lives and it is the success of nursing profession as result shows that 94% nurses help the patients in recovery to improve the health. (58.8%) nurses were providing quality care but (41.2%) nurses said they could not provide quality care having no statistically significant difference (P value = 0.37). (13.7%) nurses were assessing patients on EBP guideline protocol but (86.3%) nurses were not assessing on EBP having no statistically significant difference (P value = 0.09). (96.6%) nurses were counseling patients to relieve anxiety but (3.4%) nurses were not and had statistically significant difference (P value = 0.03).

Discussion

Nurses who work in a clinical setting and manage patients, 92 % of nurses reported that EBP was important for treating patients and minimizing their health-related problems during care scientifically with evidence, and only 8.0 % of nurses responded in the opposite direction, relying on the old method and their experience of dealing with patients in their respected assigned locations.²⁹ According to Foley E et al.³⁰ The Royal College of Nursing Australia (RCNA) also claims that 'quality of nursing practice depends on nurses' educational training to ensure nurses' ability to objectively assess and adjust nursing interventions. Tommie P et al.³¹ suggested that it is important that nursing schools cultivate an investigative attitude in their graduates. In this study, most of them were female participants other study to have mostly female participants with highest ratio of age group between 35 to 50 years.³² In this study most of staff nurses

were graduate had mean experience of 8 years other study told that awareness about research among nurses is dependent on interest, experience and literacy level of research participants.³³ An insufficient basis of research knowledge and educational training effects awareness of reading literature.³⁴ Another study stated that majority of nurses could not understand the research and research skills related to EBP but attitude was seen moderate to evidence based practice, as the higher educated nurses' graduates showed improved knowledge and skills of evidence based practice.³⁵ Nurses have little knowledge and skills of evidence based practice.³⁶ ³⁷ nurses who were more well-informed, capable regarding EBP and were motivated to apply EBP and knowledge is associated with evidence based practice.³ Another study reported that awareness of EBP among nurses was good but there was need of more improvement and had negative perceptions related to EBP skills.³⁸ In this study, less than fifty percent nurses were reading nursing literature There was significant difference (P value = 0.001), this is low involvement in reading literature. Many difficulties play a role and nurses do not go through literature review, evidence based practice, research etc.³⁹ There are various hinders in implementation of EBP which include nurses inability to critique the research articles, lack of continuous education sessions, rejection of new suggested methods of care, particularly nurses are not involved in decision making of health care issues.⁴⁰ Similarly In this study, most of the nurses were following nursing precautions having statistically significant difference (P value = 0.001). Similarly In this study, majority of nurses had knowledge about importance of assessing patients as per protocol but having no statistically significant difference (P value = 0.48).⁴¹ In this study, majority of nurses were practicing therapeutic communication but found no statistically significant difference (P value = 0.06) but this is good level of communication among sample because nurses are available in wards and engage in communication than other staff. A study supported that difficulty in communication decreases outcome of quality care and evidence based practice.⁴² Moreover, communication is considered ethical behavior, therapeutic communication between healthcare provider and patient, and is also important for provision of holistic care.^{43,44} But there has been insufficiency of therapeutic communication in Asian countries.^{45,46} Majority of nurses (86%) in this sample said nursing care should be updated, other study reported that new guidelines keep on coming so nurses are required to be updated.⁴⁷ Most of nurses knew about guidelines for EBP and other study said that EBP in nursing in clinical setting improve the level of patient care.^{48,49}

More than fifty percent nurses felt difficulty in providing nursing care and 33% nurses had felt stress during nursing care delivery. Lack of facilities and manpower at both public and private hospital affect the provision of holistic care but another study states that application of EBP capabilities for nurses can support organizations to achieve high- quality, low-cost, evidence-based health care effects.⁵⁰ In this study, most of nurses had followed the strategies to solve barrier however, other study validates that applying EBP becomes interesting if nursing staff show motivation in dynamic health care facilities and, nursing staff face many challenges in integrating different methods of nursing care and are not expert at finding relevant literature which is the main hurdle in application of research.^{51, 52} Most of the nurses were able to manage patients independently, because of shortage of staff, the recruited nurses are hold responsible to manage the unit independently despite this fact, and many nurses manage to provide quality care. Another study has supported this.⁵³ Application of EBP in clinical setting increases the quality of patient care, clients' outcome and nurses' job satisfaction and holding.⁵⁴ In a study, the Knowledge/Skills effect attained the best marks among the staff with smaller expert experience that stated a important difference in the Attitude factor (p = 0.008) in favor of nurses with association purposes, as different to clinical nurses.⁵⁵

Conclusion

Evidence based practice among nurses has been inadequate in tertiary care facility of Hyderabad. Most of the nurses felt difficulty in providing nursing care and facing stress during nursing care delivery. Lack of facilities and manpower at public hospital affect the evidence based practice.

Suggestion / Recommendation.

More analytic studies may be conducted to assess the EBP in major tertiary care hospitals of Pakistan. Teaching hospitals need to conduct training sessions regarding evidence based practice. Every recruited nurse must go through orientation program for provision of evidence based practice. Registered nurses must be mandated to publish at least one research article regarding nursing care or problem at their unit.

Limitations.

Evidence-based nursing practice are not regularly examined or considered by many clinicians. Sample size in study was small and it was only conducted at tertiary care hospital. Lack of funding, resources, training sessions to staff nurses. Lack of motivation on evidence based practice. It needs to be design more

studies on current topic to improve evidence based nursing practice in our setting. Evidence-based nursing practice are not regularly examined or considered by many clinicians. Sample size in study was small and it was only conducted at tertiary care hospital. lack of funding, resources, training sessions to staff nurses. Lack of motivation on evidence based practice. It needs to be design more studies on current topic to improve evidence based nursing practice in our setting.

Consent and Ethical Approval

The study was performed after the permission of Ethical Review Committee of University. Written informed consent was taken from participants.

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Authors' contribution

This work was carried out in collaboration among all authors. Principal author A. A. Memon designed the study, performed the statistical analysis and wrote the protocols. Author P. Akhter wrote the first draft of the manuscript. Author Z. Hassan managed the analysis of the study. And Author A. Ahmed managed the literature searched. All authors read and approved the final manuscript.

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