

Perceived Barriers to Use of Evidence Based Practices among Nurses of a Teaching Hospital

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Abstract: Evidence based practice is a new and challenging paradigm throughout the world. Today, it has become increasingly important in nursing as it provides a framework for clinical decision making among nurses. This research study was conducted to assess the perceived barriers to use of evidence based practice in nursing.

Methods and Materials: A descriptive cross-sectional research design was used in a proportionate stratified random sample of 280 nurses working in a teaching hospital in Kathmandu using structured self-administered questionnaire consisting of rating scale. A proportionate stratified random sampling technique was used to obtain the desired sample size.

Results: The research findings revealed that the greatest barrier to use of evidence based practice among nurses in hospital were lack of continuing education program (93.9%) and lack of motivation among nurses (93.2%). The mean barrier score related to 'organization', 'communication', 'research' and 'nurse' subscales of barrier scale were 3.26, 2.91, 2.79 and 2.63 respectively. Nurse with higher level of education, research experience and who claim to use evidence based practices in their practice had perceived less barriers to use of Evidence Based Practice ($p < .05$).

Conclusion: Hence, lack of continuing education, motivation, support from organization, time, facilities, awareness, accessibility and availability of new evidences and complexity of research were major barriers perceived by the nurses. Therefore, hospital administration, individual nurse should have strong commitment to overcome these barriers for better implementation of evidence based practices in hospital.

Key Words: Perceived Barriers, Evidence based Practice, Nurses, Teaching Hospital, and Use

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I. Introduction

Health care is one of the most dynamic human disciplines and large amount of money are spent annually on high quality and sophisticated research, resulting in an exponential growth in health care literature. With the change in technology, new scientific changes have been invented in health care where Evidence Based Practice (EBP) thought to help health personnel including nurses to provide the best possible care and treatment to patients¹. Now a day, EBP has been considered as a "gold standard" in health care practices². EBP has been flourishing in nursing and in health care. In spite of various programs and strategies launched to promote the use of EBP, there is still a gap between theory and practice in nursing field³.

The International Council of Nurses (ICN) has demonstrated a commitment to both nurse's active participation in nursing research and the use of research to inform evidence-based practice. Recognizing the challenges that results from poorly informed decision making and inequities in the availability of quality of health care services, International Council of Nurses developed and published a tool kit in order to help nurses to understand and implement EBP⁴.

Identifying barriers is just the first step to removing barriers to the use of Evidence Based Practices⁵. A literature search identified well-documented barriers to nurses' use of research from 20 studies, which included lack of time, lack of Authority, limited access to resources to seek evidence, lack of support, lack of evidences and poorly developed search and critical appraisal skills⁶. The scenario of EBP in Asia is less well developed and more difficult to describe because of its heterogeneity. Some parts such as Thailand, Hong Kong, China notably have embraced the evidence based Practice movement whereas other parts like Nepal, Bhutan have slow EBP movement despite of high willingness, enthusiasm and commitment from nurses to contribute to evidence based nursing practices⁷.

A review study done in Nepal concluded that there is a need to understand the constraints of research utilization in the context of Nepal and it is time to identify Nepalese clinical nurses' views on issues that hinder

research utilization in nursing practice⁸. Therefore, the study aims to identify the perceived barriers to use of Evidence Based Practice among nurses of a teaching hospital.

II. Data and Methods

Methods:

Descriptive cross-sectional research design was used to collect data in Tribhuvan University Teaching Hospital (TUTH), Maharajgunj in Kathmandu, Nepal, which is a non-profitable, semi-government, tertiary hospital situated in the heart of Kathmandu valley the sample size 290 nurses working in different in-patient units of the hospital. A proportionate stratified random sampling technique was used to obtain the desired sample size.

Materials

A structure questionnaire was developed, where part I consisted background information of respondent; part II consisted nurse's acquisition of knowledge evidence based information and part III and used modified form of BARRIER Scale to identify the barriers to EBP use among nurses. The instrument was accordance with Roger's model of "Diffusion of Innovation". Most of the item in scale was based on BARRIER Scale developed by Funk et al. (1991, 1995). Permission was taken to use the tool. It consisted four subscales: nurses, organization, research and communication. Characteristics of the nurses, organization where the evidences were assumed to used- consisted 12 questions, Characteristics of the research (quality of research evidences) – consisted 4 questions and Characteristics of the communication (presentation and accessibility of research evidences)- consisted 4 question.

Validity Reliability of the tool and pretest:

Content validity of the instrument was ascertained by consultation with research advisors, subject matter experts, faculties, colleagues as adopted instrument was modified according to the context . Pretesting of the tool was done to assess the clarity, feasibility and appropriateness of tool among 29 nurses in BP Koirala Memorial Cancer Hospital, Bharatpur, Chitwan, Nepal. The reliability in terms of internal consistency of the tool was tested using Cronbach's alpha coefficient. The Chronbach's alpha value of BARRIER Scale was 0.71. Necessary modification was done after pretest in order to ascertain the relevancy, consistency and completeness of instruments.

Data Collection:

Before collecting data, approval letter was obtained from Institutional Review Board of Tribhuvan University, Institute of Medicine and Research Committee of Pokhara campus. A written request letter from Pokhara Campus was submitted to administration of Tribhuvan University Teaching Hospital, Maharajgunj, Kathmandu for formal permission. The data was collected by the researcher herself. The data was collected from February 28 to March 26, 2016. The data was collected through self-administered questionnaire after taking informed consent (both verbal and written) from each nurse. The time taken for each questionnaire was around 15-20 minutes for each respondent. The collected data was checked immediately after data collection and was organized, coded and entered into Statistical Package for Social Sciences (16 version) for analysis. The obtained data were analyzed by using descriptive and inferential statistics such as frequencies, percentages; mean and standard deviation, Independent sample *t* test etc. The normality of the data was obtained through descriptive statistics.

III. Results

Table 1: Background Characteristics of the Nurses

Characteristics	Frequency	Percentage
n=280		
Age Group		
Under 29 years	154	55.0
30-39 years	67	23.9
40-49 years	36	12.9
50 years and more	23	8.2
Marital Status		
Married	170	60.7
Single/Divorced	110	39.3
Area of Practice		
General Unit (Med- surgical, Pediatric, Obs/gynae)	181	64.6
Special unit (ICU, OT, Emergency)	99	35.4
Level of Nursing Education		
Certificate Level in Nursing	86	30.7
Bachelor Level in Nursing	171	61.1
Master level in Nursing and more	23	8.2

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Designation at Work		
Staff Nurse	199	71.1
Sister/Ward In-charge	56	20.0
Unit Supervisor	19	6.8
Floor Supervisor	6	2.1
Duration of Work Experience		
1-5 years	108	38.6
5-10 years	65	23.2
10-15 years	38	13.6
15 years and above	69	24.6
Had Gained Research Experiences	208	74.3
Had taken Training Courses on EBP	14	5.0

Table 1 reveals that 55% of nurses were below 29 years of age. Mean age of nurse was 32.5 years. ± 9.87 . Married nurses were 60.7 percent. Among them (64.6%) of the nurses were working in general units. By designation, (71.1%) of the nurses was working as ‘Staff Nurse’. Sixty one percent of the nurses had completed Bachelor Level in Nursing. Regarding the work experience, 38.6% of the nurses had experience of 1-5 years. About research experience, (74.3%) of the nurses had gained research experiences. In the area of EBP training, only 5% of the nurses had taken training courses on EBP.

Table 2: Nurses Perceived Barriers to Use of EBP
n=280

Barrier Items	N	Mean Score \pm SD	Percentage responding Moderate or Great barriers	No Opinion Percentage
Organization Subscale				
Lack of continuing education programs	279	3.66 \pm 0.61	93.9	0.4
Lack of motivation to carrying out the Evidence based practices	280	3.64 \pm 0.62	93.2	-
Lack of support from professionals and organizations	280	3.31 \pm 0.80	84.3	-
Insufficient time on the job to implement new ideas	277	3.32 \pm 0.80	82.9	1.1
Administration perceived EBP as a low management priority	258	3.40 \pm 0.77	80.7	7.9
Inadequate facilities/resources for EBP implementation	278	3.29 \pm 0.89	80.7	0.7
Lack of access to research evidences	277	3.17 \pm 0.90	76.8	1.1
Lack of support for clinical practice manual development	267	3.18 \pm 0.87	73.9	4.6
Lack of time to read research/articles/journal	279	2.98 \pm 0.94	69.6	0.4
Physicians will not cooperate with implementation	274	3.03 \pm 0.86	69.6	2.1
Lack of access to well equipped library	276	3.01 \pm 0.91	69.3	1.4
Nurse Subscale				
Lack of awareness of the EBP	280	3.15 \pm 0.80	77.9	-
Lack of confidence about the beginning to change own practice derived from research	277	3.07 \pm 0.92	72.9	1.1
No documented need to change practice	247	2.78 \pm 1.08	55.7	11.8
Feeling of incapability of evaluating the quality of the evidences	266	2.69 \pm 1.06	55.4	5.0
Lack of computer skills	278	2.59 \pm 1.01	50.7	0.7
Lack of proficiency in English Language among nurses	272	2.40 \pm 0.97	50.4	2.9
Lack of feeling of benefits of changing practice	279	2.57 \pm 0.98	41.4	0.4
Lack of willingness to try new ideas	276	2.22 \pm 1.05	38.2	1.4
Communication Subscale				
Research articles are not readily available to support EBP	276	3.28 \pm .86	80.0	1.4
Relevant literature is not compiled in one place	268	3.24 \pm .83	77.1	4.3
The research report is not clear, simple and readable	269	2.70 \pm .82	60.7	3.9
The research findings are not relevant to the nurse’s practice	258	2.34 \pm .91	37.9	7.9
Research Subscale				
The literature from the research studies reports conflicting results	254	2.97 \pm .75	70.0	9.3
The amount of information available is overwhelming	263	2.79 \pm .95	60.0	6.1
The conclusions drawn from the research are not justified enough	245	2.80 \pm .87	55.7	12.5
The nurse feels results of research are not applicable to own setting	268	2.61 \pm .93	50	4.3

Mean \pm SDSD of overall BARRIER Scale=2.96 \pm 0.32
 Mean \pm SD of Organization Subscale=3.26 \pm 0.32
 Mean \pm SDSD of ‘Nurse’ Subscale = 2.63 \pm 0.51
 Mean \pm SDSD of ‘Communication’ Subscale=2.91 \pm 0.50
 Mean \pm SDSD of ‘Research’ Subscale=2.79 \pm .57
 N: Number of Responses in each item

Table 2 shows, the mean of 29 item BARRIER scale was 2.96 \pm 0.32. Organizational barrier merged as the top barrier with the mean score of 3.26 \pm 0.32. The greatest barrier reported as moderate and great barriers from organizational subscale were ‘lack of continuing education for nurses’ (93.9%) followed by ‘lack of motivation to carrying out the Evidence based practices’ (93.2%). The greatest barrier reported from ‘nurse subscale’ were ‘not aware of the Evidence Based Practice’ (77.9%) followed by ‘lack of confidence about the beginning to change own practices’ (72.9%). The major barriers perceived by the nurses in ‘communication’ subscale was ‘research report are not readily available’ (80%) followed by ‘relevant literature are not compiled in one place’ (77.1%) and in ‘research’ subscale was ‘the literature from the studies reports conflicting result’ (70%). The highest ‘no opinion’ response was found in the item ‘research’ subscale.

Table 3: Additional Barriers to use of EBP Perceived by the Nurses
 n=61

Additional Barriers*	Frequency	Percentage
Work load at duty and home	51	83.6
Lack of basic knowledge of research and EBP	42	68.8
Lack of commitment with low self esteem among nurses	24	39.3
Lack of teamwork, proper communication among nurses	21	34.4
Lack of separate time and fund for research activities	15	24.5
Others	12	19.6

Table 3 depicts, 61(21.8%) nurses reported additional barriers. Of the total responses, 83.6% of the responses were related to work load at duty and home. ‘Other’ responses given by nurses were lack of social and political support, lack of decision making ability etc.

Table 4: Differences in Perceived Barrier Score according to Background Characteristics of the Nurses
 n=280

Characteristics	Frequency	Mean Score	Standard Error	CI of Differences	Static Value	t	p- value
Age							
Below 29 years	154	2.95	.024	(-.095,.056)	-0.501		0.617
30 years and Above	126	2.97	.030				
Marital Status							
Married	170	2.98	.024	(-.037, 0.116)	1.007		0.315
Single	110	2.93	.031				
Area of Practice							
General Units	181	2.95	.023	(0.122,0 .034)	-1.097		0.274
Special Units	99	2.99	.033				
Qualification Achieved							
Undergraduate	86	3.03	.030	(.022, 0.184)	2.519		.018*
Post graduate	194	2.93	.024				
Designation at work							
Staff Nurse	199	2.97	.021	(-.062, -.068)	.486		0.627
Nursing Officers	81	2.95	.039				
Work Experience							
Less than 10 years	173	2.95	.023	(-.089, .066)	-.298		0.766
More than 10 years	107	2.97	.033				
Research Experiences							
Gained	208	2.93	.023	(-0.187, -.016)	-2.344		.020*
Not gained							
Training courses							
Taken	72	3.04	.033	(-0.300, .044)	-1.461		0.145
Not Taken	14	2.84	.086				
	266	2.97	.019				

SE- Standard Error CI- Confidence Interval
 (*) statistically significant at $p < .05$

Table 4 shows, there was significance difference found in mean barrier score according to qualification achieved by the nurses ($p=.018$) and research experiences ($p=.020$) and no significance differences in mean barrier score according to age group, marital status, designation, duration of work experience and training course on EBP ($p>.05$). Nurses who had achieved lower level of nursing education and not gained research experience had higher barrier mean score to use of EBP.

Table 5: Difference on Perceived Barrier Score according to EBP related Variables

Characteristics	No.	Mean Score	S. E	CI of the Differences	Static Value	t	p- value
Familiarity with EBP				(-.015, 0.139)	1.587		0.114
Less familiar	174	2.98	.023				
More familiar	106	2.92	.032				
Use of EBP into Clinical Practice				(-0.159, -.009)	-2.226		.027*
Not Used	142	3.00	.024				
Used	138	2.92	.029				
Availability of Information Resources				(-.069,.099)	-0.573		0.735
Less available	247	2.96	.021				
Available	33	2.95	.040				
Familiarity with Databases				(-.035, 0.134)	1.138		0.256
Less familiar	205	2.97	.023				
Familiar	75	2.92	.036				

Table 5 shows that there was a significance difference found in barrier score of the nurses in terms of use of EBP ($p=.027$) whereas, no significance differences in barrier score in terms of familiarity with EBP, familiarity with databases, frequencies to look for information and availability of information resources at work place ($p>.05$). Nurses who reported not using Evidence Based Practice have higher mean score.

IV. Discussion

Nearly half (49.3%) of the nurses were less familiar with the term evidence based practice. EBP is new paradigm in nursing especially in developing countries like Nepal. So, becoming less familiar with EBP is not the big issue but a big challenge to Nepalese nurses in order to standardize the nursing practices. This finding is more or less similar to the findings of studies which revealed that more than half the nurses were partly or not aware of EBP^{3,9}. Forty Nine percent of the nurses answered that they are using EBP in practice, among them, 54.3% have recently started to use EBP into their practice. Nurses evaluated that the information resources such human resources, print materials, online resources and training courses were available in reduced amount. The finding is consistent with the study done in similar setting in Germany³.

Nurses identified numbers of barriers that impede the nurse’s ability to use EBP in clinical practice. Organization emerged as the subscale with the highest means score of 3.27, followed by communication, research, and nurse subscale respectively. The finding is on the same line with the findings from previous studies^{3,8,10,11}. The organization was emerged as the top barrier but contradicts the studies^{12,13}. Though organization related barriers have been reported to be most influential and consistent barriers to EBP use in the present study and previous barriers studies^{3,8,14}. The greatest organizational barriers perceived by the nurses in this study were lack of education, motivation, support, time and resources to carry out the EBP related activities. The first greatest barrier perceived by the nurses was ‘lack of continuing education program (93.9%) and the second was ‘lack of motivation to carrying out the Evidence based practices (93.2%), this suggest nurses are not provided enough opportunity to participate in in-service education programs like regular, CNEs, refreshers courses, training, participation in workshop, seminar, further education etc. in order to obtain new knowledge in regards to patient care. The findings are similar to study done by Hadgu et al. which reported lack of training or ongoing education was one of three top prioritized obstacles felt by the nurses to implement EBP¹⁵.

Lack of time to read the new information and implement the EBP was identified as the top three greatest barriers by Hutchinson & Johnston and in this study too⁶. This is a universal problem and might be due to mismatched between demand and supply of nurses, mismatched between staff-patient ratios, nurses undertaking various non-nursing tasks. In contrast to the finding of other studies by Umarani, and Wang et al., the barriers such as lack of authority to change the patient care procedure’ and ‘lack of physician co-operation was ranked beyond top ten in this study^{11,16}.

The mean score of nurse subscales was comparatively low (2.63). The item perceived by the nurses as a major barrier in this subscale was ‘nurse is not aware of the EBP which was ranked in seventh position (77.9%). Interestingly it was the first greatest barrier felt by the nurses (18.2%). ‘Lack of Awareness’ was reported as a major barrier (first greatest barrier) in a study done by Funk, et al. and forth position in a study done by Panagiari^{3,17}.

In this study, there is significance difference in perceived barrier score to use of EBP according to educational level and research experiences ($p < .05$); nurses with lower educational level and research experiences perceived more barriers to EBP use; whereas there is no significance difference find between barriers and age, marital status, designation at work, work experiences and training courses ($p > .05$). The findings related to educational level is consistent with some the studies^{14,18}. The findings contradict the studies conducted in Nepal, China and India which showed no significant association between demographic variables and perceived barriers to EBP^{16,19,20}. When comparing mean barrier score with EBP related variables, no significant difference found according to familiarity with the term EBP and online databases and availability of information resources ($p > 0.05$), except use of EBP into clinical practice ($p = 0.027$), this finding also similar with the study findings of Ammouri¹⁴.

V. Conclusion

The most influential and consistent barriers to use of EBP are lack of continuing education, motivation, time, support, facilities, authority, accessibility and availability of evidences and complexity of research report. The study has demonstrated that the higher the nurse achieved education, gained research experience, use EBP into practice and perceived less barriers to use. In order to increase the pace of use of Evidence Based Practices, the hospital administration, individual nurse, researcher should have strong commitment regarding the development of Evidence Based Practice in nursing.

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