Applied Nursing Research 32 (2016) 275–280

Contents lists available at ScienceDirect

Applied Nursing Research

journal homepage: www.elsevier.com/locate/apnr

Readiness for and predictors of evidence-based practice in Greek healthcare settings☆

Athina E. Patelarou, MPH, PhD [a,*], Aggelos Laliotis, MD, PhD [b], Hero Brokalaki, RN, PhD [a], Ioannis Petrakis, MD, PhD [c], Vassilis Dafermos, PhD [d], Evmorfia Koukia, RN, PhD [a]

[a] Faculty of Nursing, University of Athens, Athens, Greece, 11527
[b] St George's University Hospitals NHS Foundation Trust, London, UK, SE1 7EH
[c] University Hospital of Heraklion, Crete, Greece, 71305
[d] Department of Political Sciences, University of Crete, Crete, Greece, 74100

ARTICLE INFO

Article history:
Received 12 July 2016
Accepted 18 August 2016
Available online xxxx

Keywords:
Evidence-based practice
Nursing
Healthcare professionals
Readiness
Attitudes

ABSTRACT

Background: Implementation of evidence-based practice (EBP) remains limited in healthcare settings and knowledge of predictors of healthcare professionals' EBP activities is lacking.
Aim: To describe nurses' readiness for EBP and identify related predictors in Greek healthcare settings.
Results: Nurses scored high in the EBP readiness scale reflecting significant positive readiness toward EBP and consistently reported favorable attitudes toward and beliefs about EBP. However, half of them were unsure about their ability to engage in EBP despite the fact that they valued research-based practice as important. EBP specific domains including the "EBP-attitude", the "EBP-knowledge", the "informational needs" and the "workplace culture" and nurses' demographics as well, were found to be strong predictors of EBP readiness among Greek nurses.
Conclusion: As nurses are now more aware of and open to the idea of EBP, diverse strategies and well-designed interventions to facilitate the desired change to practice are needed.

© 2016 Elsevier Inc. All rights reserved.

1. Introduction

Evidence based practice (EBP) has been defined as the "interpretation of the best research evidence with clinical expertise and the patient's unique values and circumstances" (Sackett, Strauss, Richardson, Rosenberg, & Haynes, 2000). EBP is an approach to problem solving in clinical decision making which integrates best evidence from robust studies with clinicians' expertise and patients' values and preferences (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012). Today EBP is emphasized to increase the quality of care and patient safety in healthcare, and healthcare professionals are expected to implement evidence into their daily clinical practice (IOM, 2003; IOM, 2001). However, this is not the norm in daily practice as the majority of nurses and clinicians do not engage in EBP for several reasons (Melnyk et al., 2012; Wallen et al., 2010). Nurses' readiness for EBP encompasses the factors related to their attitudes toward and beliefs about EBP, as well as their EBP knowledge and skills (Saunders & Vehviläinen-Julkunen, 2016).

Positive attitudes and beliefs of nurses regarding the importance and value of EBP have been confirmed from recently published studies in countries including the United States, Iceland, Spain, Iran and India (Ammouri et al., 2014; Hart et al., 2008; Heydari, Mazlom, Ranjbar, & Scurlock-Evans, 2014; Melnyk et al., 2004; Perez-Campos, Sanchez-Garcıa, & Pancorbo-Hidalgo, 2014; Sherriff, Wallis, & Chaboyer, 2007). However, existing reviews, have failed to elucidate the individual predictors of nurses readiness for EBP. A recent scoping review brought together the organizational barriers to the implementation of EBP in healthcare settings which listed workload, staff and management not supportive of EBP, lack of resources, lack of authority to change practice, and workplace and professional culture resistant to change as the main five barrier themes (Yoder et al., 2014).

Although the body of knowledge on nurses' readiness for EBP has been steadily growing in countries with a relatively long tradition for conducting EBP research, less is known about nurses' readiness for EBP in countries that have joined the global EBP movement more recently. To our knowledge, no study in Greece has yet investigated the nursing staff's readiness toward EBP implementation. We therefore aimed to describe nurses' readiness for EBP as measured by their informational needs and skills in using EBP; EBP beliefs, knowledge and attitudes; workplace culture and identify predictors of EBP readiness among nurses in Greek healthcare settings.

☆ Conflict of interest: None.

* Corresponding author at: Faculty of Nursing, University of Athens, EleftheriouVenizelou 51, Agia Marina, Heraklion, Crete, Greece, 71414. Tel.: +30 6983180893.
E-mail address: athina.patelarou@gmail.com (A.E. Patelarou).

http://dx.doi.org/10.1016/j.apnr.2016.08.010
0897-1897/© 2016 Elsevier Inc. All rights reserved.

2. Method

Data collection took place from June to November 2012 among nursing staff within three 'urban' healthcare hospitals of Athens and in two 'rural' healthcare hospitals on the island of Crete. The sampling and data collection methodology was organized in two stages. Firstly, a decision was made to recruit participants from hospitals in two different geographical locations of Greece – Athens and Crete – which differ mainly in terms of the population they serve (urban vs. rural). Furthermore, we agreed to recruit participants from both university and general hospitals in order to be able to explore differences among nurses' perceptions in different organizational cultures. On the basis of these criteria, a list of the eligible hospitals to participate in our study from Athens (15 in total) and Crete (4 in total) was made. To a second stage, two types of strata were created to divide the hospitals into homogeneous subgroups: stratum 1 – urban hospitals and stratum 2 – rural hospitals. A 50% sample in the first stratum and 20% sample in the second stratum were set as representative. The systematic sampling method was then used separately for the two strata in order to reduce the sampling error of a simple random sampling. On the basis of the assumption that every element (hospital) of each stratum has known and equal probability of selection, a sample of three urban hospitals and two rural hospitals were set for selection. Consequently, every fifth hospital was selected from the list for stratum 1 and every second for stratum 2.

An ethical approval was sought and obtained from the five participating hospitals included to the study. In total, 477 nurses provided an informed consent and were included in our final study sample. Nurses were asked to complete the "Evidence Based Practice Readiness Scale" (EBPRS) which is a 66-item self-reported scale consisting of statements describing nurses' EBP readiness, and is divided into four domains including "informational needs", "EBP-knowledge", "EBP-attitude" and "workplace culture" (Perez-Campos et al., 2014). The "informational needs" domain included 35 items of the informational literacy for Evidence-Based Nursing Practice questionnaire with various rank-order formats (Egerod & Hansen, 2005). The "workplace culture" domain used the six items of Nursing Evidence-Based Practice Survey, which measures the EBP-culture in a unit or an organization (Filippini, Sessa, Di Giuseppe, & Angelillo, 2011). The "Perceived EBP-knowledge" domain (eight items) measures the perception of evidence-based knowledge. Knowledge is conceptualized as the nurse's perception of having enough knowledge, skills, and access to resources to undertake EBP (Perez-Campos et al., 2014). Finally, the "EBP-attitude" domain is based on Nurses' Attitudes Toward EBP Scale (NATES, 17 items), which was developed to examine nurses' attitudes and beliefs toward EBP (Perez-Campos et al., 2014).

Briefly, the EBPRS showed an overall high internal consistency and Cronbach's alpha was 0.85. Cronbach's alpha was equal to 0.87 for the "EBP-attitude", 0.85 for the "informational needs", 0.84 for the "workplace culture" and 0.78 for the "EBP-knowledge" domain. Face validity was considered to be very good and the mean content validity ratio was satisfactory. Construct validity was performed using both the explanatory and confirmatory factor analysis. Factor analysis demonstrated that the Greek version of EBPRS consisted of 23 items (out of the initial 66 items) and was organized in the four-factor (domain) structure of the tool. A detailed description of the data collection processes and tool validation process and findings have been described elsewhere (Patelarou, Dafermos, Brokalaki, Melas, & Koukia, 2015).

2.1. Statistical analysis

Statistical analysis was performed using SPSS v. 20.0 for (IBM SPSS Statistics 20.0, Chicago, IL, 2011). Descriptive characteristics (including means, standard deviations, frequencies and percentages) and the assumptions of normality, homogeneity, and independent cases of the sample were checked. The normality assumption was checked using the skewness and kurtosis values. Pearson's r correlations were calculated to describe relationships between the EBPRS domains. Finally, chi-square tests, t-tests and one-way ANOVAs were performed to determine differences between groups of nurses. Statistical significance was set at p-value <0.05.

3. Results

3.1. Sample characteristics

The majority of the participants were female (82.4%), aged between 40 and 49 years (44.7%) and 34.0% were university graduates. Approximately one third of the responders had a working experience of between 11 and 20 years (32.3%) and 51.0% were employed by a university hospital. 10.5% of the respondents already had a Master's or PhD degree in nursing and the majority of the respondents (98.3%), worked in clinical nursing and 1.7% worked in nursing administration.

3.2. EBP knowledge, beliefs and attitudes

More than half of the participants reported positive beliefs about EBP and considered that EBP contributes to the quality of nursing care and to improved patients' outcomes (Table 1). However, one third of the study population was unsure about the importance of EBP and its value to nursing care and patients' outcomes. The majority of nurses believed that research based practice is important (77.1%) although 47.4% of them were unsure about their engagement in EBP. One third of the nurses (31.7%) reported convenient access to nursing research journals and half of them agreed that they seek for research-based solutions during their clinical practice (55.3%). The majority of the nurses found that journal clubs (79.7%) and assistance to perform a literature search (71.1%) could contribute to increased research utilization in their organizations/units. A high percentage of nurses (46.3%) felt adequately skilled to read and critically appraise a nursing research report, however, the percentage of nurses that were unsure about their skills remained high (53.7%).

Nurses aged more than 39 years sought for research-based solution more frequently compared to younger nurses (59.9% vs. 51.0, p-value < 0.05). Similarly, nurses >39 years old were found to read and critically appraise nursing research reports in higher percentages compared to younger nurses (52.6% vs. 40.4%). The majority of nurses agreed that EBP is beneficial to the day-to-day patient care (60.0%), however, the percentage of nurses that were unsure remained high especially among female nurses (31.3% vs. 22.6%, p-value < 0.05). Female nurses found journal clubs useful (82.2 vs. 67.9%, p-value < 0.05) and considered themselves more capable to read and critically appraise a nursing research report compared to male nurses (47.3% vs. 41.7%, p-value < 0.05).

Educational background was also found to be a predictor of nurses EBP knowledge and beliefs. Specifically, university graduates found that EBP engagement contributes to the improvement of quality of nursing care in higher percentages compared to technological education graduates (57.7% vs. 65.0%, p-value < 0.05). University graduates believed that they could engage to EBP (41.1% vs. 36.0%, p-value < 0.05) and sought out for research based solution more frequently (58.3% vs. 49.7%, p-value < 0.05). Similarly, the percentage of nurses that were able to read and critically appraise a nursing research report was higher among university graduates (47.1% vs. 44.8%, p-value < 0.05). Total years of working experience and the type of hospital (university vs. general) were not found to affect nurses' responses regarding their EBP knowledge and beliefs. Nurses' responses to the specific questions presented by gender, education, years of experience and type of hospital are summarized in Table 1.

3.3. Information seeking and use of information sources

Many of the respondents indicated that they never (40.0%) or sometimes (20.1%) search the electronic databases. The majority of the

Download English Version:

https://daneshyari.com/en/article/2644767

Download Persian Version:

https://daneshyari.com/article/2644767

Daneshyari.com