

# Barriers in Evidence Based Nursing Care at Tertiary Care Hospital

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## Authors' Contributions

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## ABSTRACT

**Background:** The integration of evidence-based nursing within clinical settings holds paramount importance. Nurses and midwives have a pivotal role in incorporating current evidence. Nevertheless, the presence of inadequate support and obstacles in applying evidence-based practice obstructs the utilization of modern evidence in making clinical decisions.

**Objective:** To determine the barriers in evidence-based nursing (EBN) care at tertiary care Hospital

**Methodology:** This cross-sectional study was conducted at clinical area of Liaquat university of Medical and Health Science, from October 2019 to March 2020. All the registered nurses working at tertiary care Hospital, nurses age of >25 years and nurses willing to participate in the study were included. All participants were interviewed regarding their demographic characteristics as age, educational status, work experience and socioeconomic status. Further these nurses were interviewed regarding barriers in EBN at tertiary care hospital. A self-made questionnaire has been developed to collect the data. All the information was collected on predesigned Performa.

**Results:** In this study total 184 study participants were studied; the most common age group was 25-35 years. Males were 39.7% and females were 60.3%. 46.2% cases had work experience <5 years, 51.1% had 6- 10 years and 2.7% had work experience of >10 years. According to the barriers in EBN there was lack of human sources, access to internet and rich library, time, knowledge, autonomy change practices, lack ability to hard work, lack incentives and motivation, heavy work load, no cooperation physicians, Individual's aspects, residential status, patient assessments and from the organization.

**Conclusion:** It is concluded that, nursing staff are facing different types of difficulties including shortness of nursing staff and other lower staff, autonomy change practices, lack of proper knowledge according to require work, not proper updating programing and lack of incentives, unavailability of internet sources at hostels and Hospitals, many physicians not cooperative and scolding and insulting.

**Keywords:** Barriers, nursing care, tertiary care Hospital.

## INTRODUCTION

Nurses play crucial roles in healthcare by promoting healthy habits, advocating for patients, offering health guidance, and providing direct care.<sup>1</sup> Although their responsibilities have evolved, their importance in healthcare remains substantial.<sup>1</sup> Evidence-based practice (EBP) involves utilizing the most reliable scientific evidence when making clinical decisions, which is achieved by amalgamating clinical expertise and integrating patient values and preferences into the process of delivering expert patient care.<sup>2,3</sup> However nurses typically display positive beliefs and attitudes about evidence based practice, earlier studies indicate that nurses have poor familiarity with the principles and use of evidence based practice.<sup>4,5</sup> In economies with limited resources, such as low- and middle-income countries, the utilization of evidence-based practice (EBP) is not a common practice. For numerous healthcare establishments, implementing EBP protocols is a recent and often discouraging effort.<sup>2</sup> Evidence-based practice additionally adds to the body of nursing knowledge and enhances the assurance in making decisions, leading to optimal results. Nonetheless, numerous modifications in how nurses deliver high-quality patient care must be undertaken to guarantee the accurate integration of EBP into the healthcare framework. Numerous obstacles were identified that impede the adoption of EBP among nurses. Assessments conducted have unveiled that barriers impacting the implementation of EBP are associated with both organizational and human factors.<sup>1,6</sup> Given the heightened societal demand for top-notch nursing care, relying solely on experience and theoretical knowledge for care delivery is no longer satisfactory for nurses.<sup>7</sup> Instead, they are expected to offer quality nursing care rooted in research outcomes. However, there persists a discrepancy between the understanding of evidence-based practice and its actual application.<sup>7</sup> The significant disease burden in limited resource countries, coupled with inadequate health infrastructure and limited resources, underscores the necessity for cost-effective strategies to incorporate the most reliable research evidence into both policy decisions and clinical practices. Even with all of substantive advancement and evidence based practice promotion support systems, several medical centers are yet to incorporate an evidence based practice internationally.<sup>8</sup> Obstacles to effective

implementation originate from various factors, like differing nursing staff qualifications and clinical backgrounds, and a poor understanding of its significance for high-quality and optimum patient care.<sup>9,10</sup> Multiple studies suggest that both organizational and human factors are related to obstacles to the implementation of evidence based practice, namely insufficient time to review literature, excessive responsibilities, lack of evidence based practice -experienced staff and shortage of resources.<sup>11</sup> A recent systematic review found several obstacles to evidence based practice adoption and application, and suggested that the key approach in eliminating these factors is to define barriers.<sup>12</sup> Literature is in short of research in evidence based practice convictions and their application among nurses. In addition, the nursing system doesn't provide nurses with an incentive to participate in research, and also majority of nurses were unfamiliar with evidence-based practice concept.<sup>13</sup> It has no more been a standard for nursing staff to deliver nursing services based on just knowledge of textbooks and experience, because of increased demands of high-quality and optimum nursing services in society; however, to deliver a research findings-based quality nursing. But there's still a controversy in barriers influencing the evidence-based practice in nursing. Therefore, this study aimed at determining the barriers in evidence-based practice at tertiary care Hospital.

## METHODOLOGY

This cross-sectional study was conducted at clinical area of Liaquat university of Medical and Health Science Hospital Hyderabad. Study duration was 6 months from October 2019 to March 2020. The sample calculation of 184 participants was done using the Rao soft software for using a proportion (56% and 57% of barriers to implementation of evidence-based practice).<sup>1</sup> All the Registered nurses working at tertiary care Hospital, nurses of all age groups and nurses willing to participate in study were included. Nurses who have recently commenced their service within a few days and those who expressed a lack of willingness to participate in study were excluded. Ethical approval was taken from local research ethical committee (REC) of LUMHS. The verbal informed consent was taken from every participant. All participants were interviewed regarding their demographic characteristics as age, educational

status, work experience and socioeconomic status. Further these nurses were interviewed regarding barriers in EBN at tertiary care hospital. The confidentiality of all records was guaranteed by maintaining the anonymity of the participating registered nurses. A self-made questionnaire was developed to collect the data. All the information was collected on predesigned Performa. All the data was analyzed by a statistical software SPSS 20.0 version. Frequency and percentage were calculated for categorical variable and mean and standard deviation were calculated for continuous variable. Chi-square test was applied and a p-value <0.05 was considered as significant.

## RESULTS

In this study total 184 study participants were studied, the most common age group was 25-35 years, followed by 36-45 years in 13.0% cases and 3.3% cases had age group of 46-55 years. Regarding work experience, 46.2% of participants had less than 5 years of experience, 51.1% had worked for 6 to 10 years, and a minor proportion, 2.7%, possessed more than 10 years of experience. In terms of socioeconomic status, the majority (72.3%) were classified as having a middle socioeconomic status, while 15.8% were categorized as having poor socioeconomic status, and 12.0% were placed in the upper socioeconomic status bracket. In relation to employment, 60.9% of the individuals held permanent positions, while 39.1% were engaged on a contract basis or were paid on a daily wage arrangement. Table. I.

**Table I. Demographic and clinical characteristics of the participants (n=184)**

Variables	Characteristics
Age groups of the study subjects	15-35 years 154(83.7%)
	36-45 years 24(13.0%)
	>45 years 06(03.3%)
Work experience	<5 years 85(46.2%)
	06-10 years 94(51.1%)
	>10 years 05(2.7%)
Socioeconomic status	Poor 29(15.8%)
	Middle 133(72.3%)
	Upper 22(12.0%)
Employment status	Temporary 72(39.1%)
	Permanent 112(60.9%)

**Table II. Barriers in evidence-based nursing care (n=184)**

Barriers	N	%
Lack human sources	147	79.9%
Heavy work load	151	82.1%
Lack access to rich library	155	84.2%
Lack internet access	131	71.2%
Lack internet access	131	71.2%
No cooperation physicians	108	58.7%
Individual's aspects	110	59.8%
Lack of time	137	74.5%
Lack of proper knowledge	98	53.3%
Lack of value	138	75.0%
Lack autonomy change practice	130	70.7%
Lack ability to hard work	98	53.3%
Residential status	79	42.9%
Patient assessments	129	70.1%
Lack incentives and motivation from the organization	145	78.8%

According to the barriers in EBN Lack human sources (79.9%), Heavy work load (82.1%), Lack access to rich library (84.2%), Lack internet access (71.2%), No cooperation physicians (58.7%), Individual's aspects (59.8%), Lack of time (74.5%), Lack of knowledge (53.3%), Lack of value (75.0%), Lack autonomy change practice (70.7%), Lack ability to hard work (53.3%), Residential status (42.9%), Patient assessments (70.1%), and Lack incentives and motivation from the organization (78.8%). Table II.

In tis this study almost barriers were statistically insignificant according to work experience, while lack of internet excess, lack of time, lack of ability to hard work were statistically significant ( $p < 0.05$ ). Table III.

**Table III. Commonest barriers according to work experience of study subjects (n=184)**

Barriers	Work experience (years)			p-value
	<5	60-10	> 10	
Lack of knowledge	45	50	3	0.900
Lack of sources	64	80	3	0.139
Heavy work load	69	80	2	0.336
Lack internet access	50	79	2	0.001
No cooperation	42	65	1	0.006

physicians				
Individual's aspects	53	56	1	0.171
Lack of time	53	80	4	0.002
Lack ability to hard work	55	39	4	0.004
Lack incentives and motivation	70	74	1	0.004
Patient assessments	56	71	2	0.122

## DISCUSSION

Evidence-Based Nursing (EBN) is a fundamental approach that integrates the best available research evidence with clinical expertise and patient preferences to inform nursing practice and enhance patient outcomes. However, despite its potential benefits, several barriers hinder the effective implementation of EBN care. Understanding and addressing these barriers are essential for promoting quality patient care and advancing the nursing profession. In this study Lack of human sources (79.9%), heavy work load (82.1%), Lack access to rich library (84.2%), lack internet access (71.2%), no cooperation physicians (58.7%), individual's aspects (59.8%), lack of time (74.5%), lack of knowledge (53.3%), lack of value (75.0%), lack autonomy change practice (70.7%), lack ability to hard work (53.3%), residential status (42.9%), Patient assessments (70.1%), and Lack incentives and motivation from the organization (78.8%). In the comparison of this study Zeb A et al<sup>7</sup> revealed certain aspects that either aid or obstruct the implementation of evidence-based practice (EBP) by registered nurses (RNs). Several factors came to light, including inadequate job time to execute new concepts, the RN workload, and the impact of professional networks on their ability to advance EBP. lack of research materials was identified as a hindrance to EBP. Limited resources, encompassing human resources, financial backing, accessibility, equipment, time, and evidence, were frequent challenges. Deficiency of staff numbers, notably the limited access to advanced practice, also raised concerns.<sup>7</sup> Another study conducted by Brown CE et al<sup>14</sup> also mentioned that organizational barriers (time deficiency and unavailability of nursing autonomy) were the top perceived barriers. These findings are almost similar as this study. Other studies reported that the factors that influencing the integration of evidence-based practice (EBP), particularly pertain to deficiencies in

knowledge and competencies, inadequate time, challenges in comprehending research reports, dearth of resources, constrained support, insufficiency in financial, material, and personnel resources, and inadequate training in research methodologies.<sup>15-17</sup> On the other hand Alqahtani JM et al<sup>18</sup> also observed that the nurses faced organizational obstacles to implementing evidence-based practice (EBP) to a moderate degree. These challenges included factors like nurses having limited time for research reading, uncertainty about the applicability of research findings to their specific healthcare setting, nurses lacking the authority to alter patient care processes, encountering uncooperative primary healthcare physicians, and grappling with inadequate facilities. The present study sheds light on the multifaceted challenges encountered by nursing staff in adopting evidence-based practice (EBP) within healthcare settings. However, it is important to acknowledge certain limitations inherent in the study that may impact the generalizability and depth of the findings. The study's sample might not fully represent the entire spectrum of nursing staff, potentially resulting in sampling bias. As a result, the identified challenges might not be universally applicable to all nursing staff members across diverse healthcare environments. The data collected in the study relies on self-reported experiences and perceptions of nursing staff. This approach might be susceptible to recall bias or social desirability bias, potentially impacting the accuracy of the identified challenges. Future research endeavors should consider a more diverse sample, qualitative exploration, and a comprehensive understanding of contextual variations to address these limitations and provide a more holistic understanding of the challenges surrounding EBP implementation among nursing staff.

## CONCLUSION

It is concluded that, nursing staff were facing different types of difficulties including shortness of nursing staff and other lower staff, autonomy change practices, lack of proper knowledge according to require work, not proper updating programing and lack of incentives, unavailability of internet sources at hostels and Hospitals, many physicians not cooperative and scolding and insulting.

## Recommendations

- Strategies should be developed to solve these problems to the best care of patients and create a proper healthy environment.
- Hospital staff should be complete
- Nursing updating programming should be done routinely
- Proper practice strategies should be developed
- Physicians should be co-operative in discussing the required things
- Nursing staff should be interviewed regarding their difficulties during nursing care and problems should be solved

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest

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