

Clinical Instructors' Beliefs About and Implementation of Evidence-Based Practice

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Abstract: EBP is important to keep clinical instructors' knowledge up-to-date, enhance clinical judgment, and augment the existing provider-client decision-making process. **Aim:** to assess beliefs about and implementation of evidence-based practice (EBP) among clinical instructors. **Study design:** Cross-sectional descriptive study was utilized to conduct this study. **Setting:** this study was conducted in faculty of nursing, Minia University. **Subject:** convenient sample of all available (78) clinical instructors who were working in a six Departments in Faculty of Nursing at Minia University at the time of conducting the study. **Data collection tools:** 1) the Evidence-Based Practice Beliefs (EBPB) Scale. 2) the EBP implementation (EBPI) scale. **Results:** the present study revealed that 77% of the participants agreed and strongly agreed with the statement that evidence-based guidelines can improve clinical practice and the statement that EBP resulted in the best clinical care for patients and more than half of clinical instructors don't implemented evidence-based practice in their clinical practice. In addition, there was positive fair association between evidence based practice beliefs of clinical instructors with evidence based practice implementation which $r = .484$ and $P - \text{value} .000$. **Conclusion:** This study shows that clinical instructors have a positive attitude towards evidence-based practice, but practice it to a lesser extent. there was positive fair association between evidence based practice beliefs of clinical instructors with evidence based practice implementation. **Recommendations:** It is essential to develop training and mentoring strategies such as educational program about evidence based practice to promote a culture of EBP that ensures effective care, a safe clinical environment, stakeholder satisfaction and better use of available resources.

Keywords: Evidence based practice, beliefs, implementation, clinical instructors.

1. INTRODUCTION

Nurse educators or clinical instructors play a key role in creation of opportunities for implementing EBP and in facilitating the implementation process. The question now is how to foster implementation of EBP. The most important factor that is likely to help nurses and nurse educators to adopt EBP is the provision of adequate training in EBP (Heikkila et al. 2017).

The importance of embedding EBP in nurse education programs cannot be underestimated if EBP and its positive patient outcomes are to be realized in health care settings. According to **Felicilda- Reynaldo and Utley (2015)** one nurse educator noted that 'nurse graduates will be prepared to facilitate a transformation of the health care system culture by implementing practice review and revision consistent with evidence-based nursing (EBN) research'. The above-mentioned statement highlights the importance of incorporating EBP throughout the curriculum to prepare students for future success in using EBP in their professional nursing practice (**Felicilda-Reynaldo & Utley 2015**). **Mackey and Bassendowski (2016)** indicated that utilizing nursing best practice guidelines, reviewing and implementing applicable

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research evidence, and taking advantage of technological advances are ways in which nursing can move forward as a well-informed discipline.

Malik, McKenna and Griffiths (2015) in Australia reported that integrating EBP into undergraduate nursing education and preparing future nurses to embrace EBP into clinical practice becomes crucial in today’s complex and evolving health care environment. The study further implies that the role that EBP plays in the practical lives of student nurses will depend on the degree to which it is promoted by academics; the extent to which it is incorporated in course objectives, content and assessments; and its application within the clinical setting (Malik et al. 2015). In this way, nurses’ willingness to carry out research projects, as well as to utilise the research findings effectively in practice is enhanced.

Significance of the study:

Nursing faculty's primary goal is to prepare future nurses for clinical practice with competencies to provide safe and quality patient centered care. Healthcare requires timely information for effective decision Making, and requires the integration of health information seeking skills throughout nursing education curricula to effectively promote Evidence based practice (Kinnunen, Rajalahti, Cummings, & borycGi, 2017)

The problem identified for the study was information literacy and evidence based practice competencies are not consistently prioritized and/or integrated in nursing education, and graduates are not adequately prepared to use evidence based information in practice for clinical decision making (Horntvedt et al., 2018; MelnyG et al., 2018). There is a lack of priority and belief in the need for teaching the competencies due to barriers in nursing education (Diaz & Walsh, 2018; Phelps, Hyde, & Planchon Wolf, 2015; Wilson et al., 2015).

The concept of evidence based practice is widespread and pervasive in nursing education, and clinical instructors anticipate that graduates will enter practice with the ability to provide care based on the best available evidence. (Deshotels, 2019).

Aim of the study:

To assess beliefs about and implementation of evidence-based practice (EBP) among clinical instructors.

Research questions:

What are the beliefs about and implementation of evidence-based practice (EBP) among clinical instructors?

What is the relation between beliefs and implementation of evidence-based practice (EBP) among clinical instructors?

2. SUBJECTS AND METHODS

Study design:

Cross-sectional Descriptive study design was used in this study.

Study setting:

The study was conducted at Faculty of nursing, Minia University

Subjects:

A convenience sample of all available (78) clinical instructors who were working in a six Departments in Faculty of Nursing at Minia University at the time of conducting the study and willing to participate in the study was included.

Departments	Clinical Instructors
Nursing Administration Department	13
Woman Health and Obstetrics Nursing Department	11
Pediatric Nursing Department	9
Medical- Surgical Nursing Department	26
Community Health Nursing	9
Psychiatric Health Nursing	10
Total	78

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Inclusion Criteria:-

All clinical instructors accept to participate in the study.

Tools of data collection:

In order to collect the necessary data, two tools were used. These tools were developed by Melynck and Fineout-Overholt 2008:

First Tool: “the Evidence-Based Practice Beliefs (EBPB) Scale” it includes two parts:

1st part: - the demographic characteristics of the studied subjects such as (age, gender, scientific degree, years of experience, Department and marital status).

2nd part: - **the Evidence-Based Practice Beliefs (EBPB) Scale.** The scale tool was developed by Melynck and Fineout-Overholt 2008. The EBPB Scale is a Likert-type scale designed to measure beliefs about EBP. Responses ranged from 1 = strongly disagree to 5 = strongly agree and included two reverse scored items 11 & 13. The 16 items on the scale were summed with a possible score ranging from 16 to 80.

Scoring System:

The range of scores for the EBPB is 16 to 80. Interpretation markers are 16, 32, 48, 64 and 80; therefore, scores below a 64 indicate that there is less than agreement with their knowledge of, confidence in and belief in their ability to implement EBP. Scores above 48 (neither agree or disagree) (but less than 64) indicate that there is not full commitment at this point to EBP but could be Scores lower than 48 indicate there is no commitment to EBP. Overall, the closer to 64, the more commitment/belief in EBP. Mean scores > 64 indicate a firm belief in and confidence about implementing EBP.

Second Tool: " the EBP implementation (EBPI) scale ":

The EBPI scale is an 18-item Likert-type scale based on how many times the participant utilized EBP during the previous 8 weeks. the respondents performed the item in question (1=0 times to 5= >/=8 times).

Scoring System:

The range of scores for EBPI is 18 to 90. To interpret the EBPI scores, a response of 0 -17 indicates that in the past 8 weeks respondents have implemented EBP less than 1 time. A overall mean score of 18 - 35 would indicate respondents have implemented EBP between 1-3 but less than 4 times within the past 8 weeks. A score between 36 – 53 would indicate that respondents have implemented EBP between 4-5 but less than 6 times within the past 8 weeks. A score of 54 – 71 would indicate that respondents had implemented EBP between 6-7 but less than 8 times and a score of 72 would indicate respondents had implemented EBP 8 times or more within the past 8 weeks.

Tools validity:

Tools of the study were developed by Melynck and Fineout-Overholt(2008).These tools are a reliable and valid instruments used in many projects with highly accurate results (Hauck, Winsett, & Kuric, 2013; Melnyk et al., 2008; Melnyk et al., 2016; Stokke et al., 2014; Warren et al., 2016).

Tools reliability

Tools were tested for content reliability using Alpha Cronbach’s test. It was (0.962) for the first tool, (0.977) for the second tool.

Pilot study

A pilot study was carried out on 10% of participants working in the faculty of nursing ,Minia university who fulfilled the inclusion criteria to test the feasibility, objectivity, applicability of the study tools, and to estimate the needed time to fill the data collection. Based on the results of the pilot study, no refinement/ modifications were done for data collection instruments; Clinical Instructor who shared in the pilot study were included in the actual study sample.

Field work:

An official permission was obtained from the Dean of Faculty of Nursing, Minia University where the study was carried out. The study was conducted through:

The purpose of the study was simply explained to the clinical instructors who agree to participate in the study prior to any data collection. Individual oral consent was obtained from each participant after explaining the nature and benefits of the study. The researcher maintained anonymity and confidentiality of participant. Participants were allowed to choose to participate or not in the study, and given the right to withdraw at any time from the study without giving reasons. Data collection was started and completed within 2 months / 2 day per week, starting from May 2018 to June 2018.

Administrative design:

Approval was obtained from Dean of faculty of nursing, Minia University, include the aim of the study to the get permission to conduct the study.

Ethical Considerations:

Official permission to conduct the study was obtained from faculty ethical committee of research, dean of the faculty of nursing at Minia University. Oral consents were obtained from each clinical instructor after explanation of the nature and purpose of the study. Each clinical instructors were free to either participate or not in this study and had the right to withdraw from the study at any time without any rational; also, clinical instructors were informed that data will not be included in any further researches without another new consent. Confidentiality and anonymity of each subject were assured through coding of all data.

Statistical analysis of data

The collected data were tabulated & statistically analyzed using software program and statistical package for social science (IBM SPSS 25.0) to evaluate clinical instructors under study. The statistically analysis included percentage (%), mean, stander deviation (SD). Correlation test and P - value of ≤ 0.05 indicates a significant result while, P value of > 0.05 indicates a non-significant result.

3. RESULTS

Table (1) reveals that, 50.0% of clinical instructors aged between 29- 34 years with mean aged 30.4 ± 3.9 years, 84.6% of them were female, 74.4% of them married and 69.2% of them had master degree. Regarding years of experience 39.7% of clinical instructors their experience ranged between 1- 5 years and 33.3% of sample was in medical surgical department.

Figure (1) showed that 15.4% of clinical instructors implement 4-5 times EBP vs 79.5% of them implement 1-3 times EBP .

Figure (2) showed that 7.7% of clinical instructors had greater with knowledge confidence in and belief in their ability to implement EBP but 76.9 had no full commitment to implement EBP.

Table (2) clarified that A total of 77% of the participants agreed and strongly agreed with the statement that evidence-based guidelines can improve clinical practice and the statement that EBP resulted in the best clinical care for patients . Further, 66.5% agreed and strongly agreed that critically appraising evidence is an important step in the EBP process and 56% agreed and strongly agreed that Implementing EBP will improve the care that I deliver to my patients. 47 of the participants strongly disagreed or disagreed on the statements about having knowledge about implementing EBP sufficient enough to make practice changes .

Table (3) showed that, more than half of clinical instructors don't implemented evidence-based practice in their clinical practice.

Table (4) represents that, there were positive strong association between age of clinical instructors and their years of experience and there was positive fair association between evidence based practice beliefs of clinical instructors with evidence based practice implementation which $r = .484$ and P - value .000.

Table (1): Percentage distribution of demographic characteristics of clinical instructors in the study sample (n= 78)

Demographic characteristics	No.	%
Age/year		
23- 28	25	32.1
29- 34	39	50.0
35- 40	14	17.9
Mean ± SD	30.4 ± 3.9 years	
Gender		
Male	12	15.4
Female	66	84.6
Marital status		
Single	20	25.6
Married	58	74.4
Scientific degree		
Bachelor	24	30.8
Master	54	69.2
Years of experience		
1-5	31	39.7
6-10	25	32.1
11-15	22	28.2
Mean ± SD	7.4 ± 4.1 years	
Department		
Nursing Administration	13	16.7
Medical- Surgical Nursing	26	33.3
Pediatric Nursing	9	11.5
Community Health Nursing	9	11.5
Psychiatric Health Nursing	10	12.8
Woman Health and Obstetrics Nursing	11	14.2

Table (2): percentage distribution of Evidence Based Practice belief among Clinical Instructors (n= 78)

statement	SD	D	N	A	SA
	%	%	%	%	%
EBP results in the best clinical care for patients.	0.0	7.7	15.4	47.4	29.5
Clear about the steps of EBP.	.0	43.6	17.9	30.8	7.7
Sure, that I can implement EBP.	.0	29.5	25.6	24.4	20.5
Critically appraising evidence is an important step in the EBP process.	1.3	19.2	12.8	35.9	30.8
Evidence-based guidelines can improve clinical care.	.0	19.2	3.8	37.2	39.7
Can search for the best evidence to answer clinical questions in a time efficient way.	.0	39.7	15.4	26.9	17.9
Can overcome barriers in implementing EBP.	1.3	26.9	48.7	20.5	2.6
Can implement EBP in a time efficient way.	1.3	14.1	61.5	16.7	6.4
Implementing EBP will improve the care that I deliver to my patients.	.0	19.2	24.4	28.2	28.2
Sure about how to measure the outcomes of clinical care.	.0	24.4	42.3	28.2	5.1
EBP takes too much time.	5.1	19.2	30.8	37.2	7.7
Can access the best resources in order to implement EBP.	.0	30.8	43.6	21.8	3.8
EBP is difficult.	6.4	37.2	19.2	33.3	3.8
Know how to implement EBP sufficiently enough to make practice changes.	.0	47.4	23.1	25.6	3.8
Confident about my ability to implement EBP where I work.	.0	29.5	23.1	41.0	6.4
The care that I deliver is evidence-based.	1.3	35.9	19.2	38.5	5.1

SD= strongly disagree, D = disagree, N = neutral , A= agree , SA= strongly agree

Table (3): percentage distribution of evidence based practice implementation among Clinical Instructors (n =78)

In the past 8 weeks, I have:	0	1-3	4-5	6-7	>8
	%	%	%	%	%
1. Used evidence to change their clinical Practice.	59.0	34.6	1.3	3.8	1.3
2. Critically appraised evidence from a research study.	60.3	26.9	6.4	5.1	1.3
3. Generated a PICO question about their clinical practice.	66.7	23.1	5.1	2.6	2.6
4. Informally discussed evidence from a research study with a colleague.	62.8	26.9	5.1	1.3	3.8
5. Collected data on a patient problem.	57.7	25.6	6.4	6.4	3.8
6. Shared evidence from a study/ies in the form of a report or presentation to >2 colleagues.	62.8	29.5	2.6	2.6	2.6
7. Evaluated the outcomes of a practice change.	64.1	25.6	6.4	2.6	1.3
8. Shared an EBP guideline with a colleague.	65.4	26.9	5.1	2.6	.0
9. Shared evidence from a research study with a patient/family member.	75.6	17.9	1.3	3.8	1.3
10. Shared evidenced from a research study with a multidisciplinary team member	66.7	26.9	2.6	3.8	.0
11. Read and critically appraised a clinical research study	64.1	23.1	6.4	5.1	1.3
12. Accessed the Cochrane database of systematic reviews	65.4	21.8	7.7	.0	5.1
13. Accessed the National Guidelines Clearinghouse.	76.9	11.5	9.0	.0	2.6
14. Used an EBP guideline or systematic review to change clinical practice where I work.	64.1	30.8	1.3	2.6	1.3
15. Evaluated a care initiative by collecting patient outcome data.	69.2	23.1	3.8	2.6	1.3
16. Shared the outcome data with colleagues.	74.4	19.2	1.3	3.8	1.3
17. Changed practice based on patient outcome data.	70.5	17.9	3.8	5.1	2.6
18. Promoted the use of EBP to my colleagues.	71.8	50.5	2.6	1.3	3.8

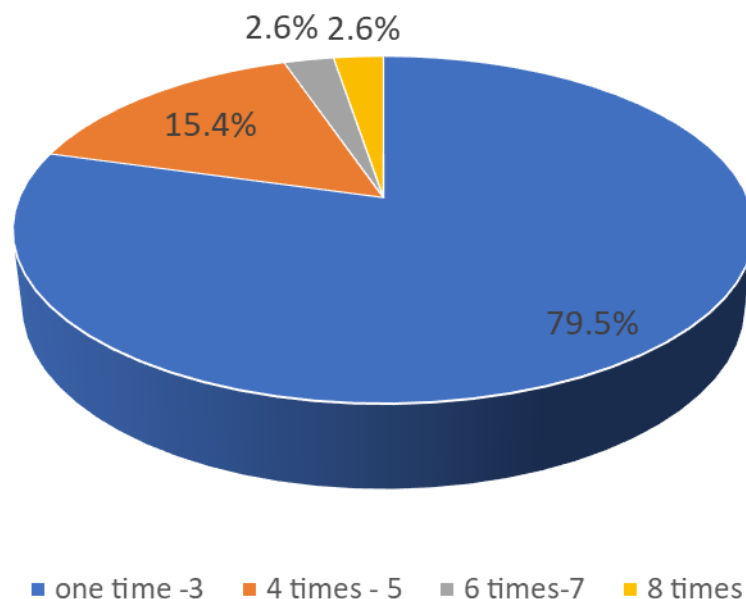


Figure (1): percentage distribution of clinical instructors' total evidence-based practice implementation (n = 78).

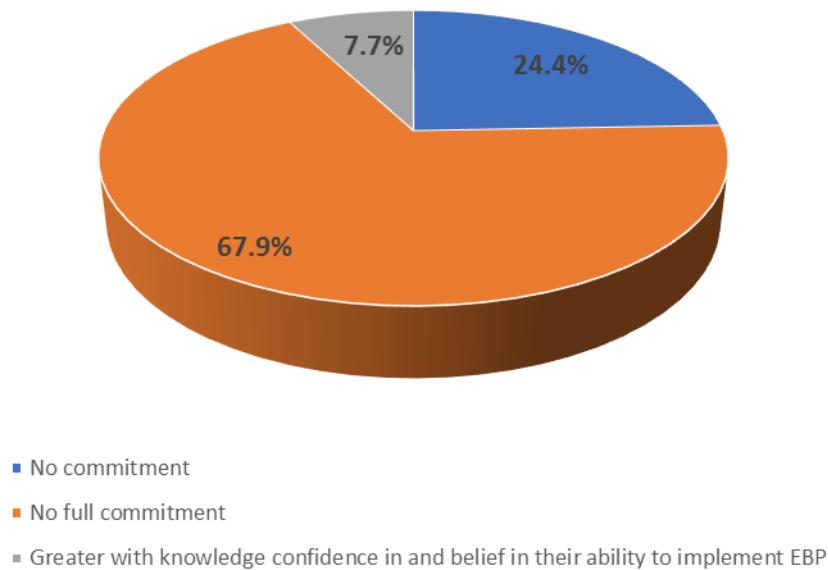


Figure (2): percentage distribution of clinical instructors' total evidence-based practice beliefs (n = 78).

Table (4) Correlation between age of clinical instructors, their years of experience, evidence based practice beliefs, and evidence based practice implementation.

Items	Age	Years of experience	EBPB	EBPI
Years of experience				
r	.934			
P - value	.000**			
EBPB				
r	.138	.123		
P - value	.228	.284		
EBPI				
r	-.066	.010	.484	
P - value	.566	.931	.000**	

**Correlation is significant at the .01 level

4. DISCUSSION

Regarding to the demographic characteristics of the clinical instructors (Table 1), revealed that 50.0% of clinical instructors aged between 29- 34 years with mean aged 30.4 ± 3.9 years, 84.6% of them were female, 74.4% of them married and 69.2% of them had master degree. Regarding years of experience 39.7% of clinical instructors their experience ranged between 1- 5 years and 33.3% of sample was in medical surgical department.. These results were supported by the study to assess Nursing Educators' Knowledge, Skills in Evidence-Based Practice and their Critical Thinking Skills by Hussein (2014) ,and showed that Medical-Surgical Nursing specialty represented the highest capacity of nursing educators, 97.9% of the nursing educators were females.

Regarding to total evidence based practice implementation (figure 1) showed that 15.4% of clinical instructors implement 4-5 times EBP vs 79.5% of them implement 1-3 times EBP . .). This finding was consistent with the study by (Pereira, Pellaux & Verloo, 2018) that showed Activities implementing EBP were performed between zero and three times during the 8 weeks prior to.

Regarding to total evidence based beliefs (figure 2) revealed that 7.7% of clinical instructors had greater with knowledge confidence in and belief in their ability to implement EBP but 76.9 had no full commitment to implement EBP.

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Regarding to beliefs toward evidence based practice(table 2) , the study clarified that A total of 77% of the participants agreed and strongly agreed with the statement that evidence-based guidelines can improve clinical practice and the statement that EBP resulted in the best clinical care for patients . Further, 66.5% agreed and strongly agreed that critically appraising evidence is an important step in the EBP process and 56% agreed and strongly agreed that Implementing EBP will improve the care that I deliver to my patients. 47 of the participants strongly disagreed and disagreed on the statements about having knowledge about implementing EBP sufficient enough to make practice changes . These results supported by the study by **Stokke,Olsen, Espehaug& Nortvedt (2014)** , showed that A total of 86% of the respondents agreed or strongly agreed with the statement that evidence-based guidelines can improve clinical practice. Further, 79% agreed and strongly agreed that critically appraising evidence is an important step in the EBP process and 78% agreed and strongly agreed that EBP resulted in the best clinical care for patients. Only a few participants strongly agreed and agreed on the statements about having knowledge about implementing EBP sufficient enough to make practice changes (12%), measuring outcomes of clinical practice (13.5%), and whether they believe they can access the best resources in order to implement EBP (17.0%).

Regarding to evidence based practice implementation(table 3), the study showed more than half of clinical instructors don't implemented evidence-based practice in their clinical practice. These results supported by the study by **Stokke, etal 2014**,showed that Few nurses had carried out actions related to EBP. Over half the participants (53%) answered that they had informally discussed a research study with a colleague more than once in the last 8 weeks. Forty per cent had read and critically appraised a clinical research study during the last 8 weeks and 34% had shared evidence from a research study with a patient/family member. A total of 90% stated that they had not evaluated their own practice systematically during the last 8 weeks.

Regarding to the relation between beliefs and implementation to evidence based practice(table 4), the study showed that there were positive strong association between age of clinical instructors and their years of experience and there was positive fair association between evidence based practice beliefs of clinical instructors with evidence based practice implementation which $r = .484$ and $P - \text{value} .000$. This finding was consistent with the findings of earlier authors (**Baird & Miller, 2015; Majid et al., 2011; Melnyk, 2012; Stokke et al., 2014; Underhill et al., 2015**) who associated levels of EBP implementation with nurses' educational levels, professional roles and years of experience. This finding was consistent with those reported in other studies (**Stokke et al., 2014; Thorsteinsson, 2013; Underhill et al., 2015**). This finding was consistent with the study by(**Pereira, Pellaux& Verloo,2018**). A positive correlation was observed between the EBP Beliefs Scale and the EBP Implementation Scale ($q = .764, p < .001$)

5. CONCLUSION

In the light of the current study, it can be concluded that, clinical instructors have a positive attitude towards evidence-based practice, but practice it to a lesser extent. there was positive fair association between evidence based practice beliefs of clinical instructors with evidence based practice implementation.

6. RECOMMENDATIONS

It is essential to develop training and mentoring strategies such as educational program about evidence based practice to promote a culture of EBP that ensures effective care, a safe clinical environment, stakeholder satisfaction and better use of available resources.

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