

# The Study to Assess Level of Belief and Implementation of Evidence Based Practice among Community Health Nurses.

Anitha.D<sup>1\*</sup>, Nagalakshmi.H, Devabharathi.M<sup>2</sup>

\*Corresponding Author

<sup>1</sup>Tutor, Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai.

<sup>2</sup>B. Sc (N) IV Yr, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, TamilNadu, India.

Email: [anithadurai30@gmail.com](mailto:anithadurai30@gmail.com)

## Abstract

When attempting to overcome issues with clinical decision-making, evidence-based practice (EBP) is a crucial strategy. The current study intends to evaluate community health nurses at SMCH's level of belief in and use of evidence-based practice. For this study, a descriptive research design was employed. Through the use of non-probability purposive sampling, a total of 60 samples were obtained. Data was then gathered and analyzed after the demographic characteristic of community health nurses and nurse evidence-based practice was evaluated using structured questioning. The study's findings showed a strong correlation between level of belief in nursing's use of evidence-based practice and behavior. Consequently, despite that level of support in nursing evidence-based practice, the current.

**Keywords:** Evidence, Nursing, Implementation, Practice.

## 1. Introduction

When attempting to overcome issues with clinical decision-making, evidence-based practice (EBP) is a crucial strategy. It is distinguished by the deliberate, explicit, and prudent integration of the most current scientific knowledge, data, and information, the clinical environment, the expertise of healthcare professionals, and the patient's values and preferences (Melnik & Fineout-Overholt, 2019; Sackett et al., 1996). (1) The purpose of EBP is to advance interventions that are efficient and benefit patients' health and the environment of care (Melnik & Fineout-Overholt, 2019). EBP is a key nursing approach, linked to better care outcomes, higher quality, better safety, healthcare cost reductions, shorter hospital lengths of stay, and greater feelings of job satisfaction and engagement among healthcare staff (Kim et al., 2017; Melnyk et al., 2012). (2) Despite the numerous advantages of EBP related in about 17 years' worth of literature, there nevertheless remains a significant gap between the publications about EBP and its implementation in healthcare institutions (van Achterberg et al., 2008; Melnyk & Fineout-Overholt, 2019). Clinical judgement is more influenced by the professional expertise or accumulated knowledge of the nursing personnel (van Achterberg et al., 2008). Although it is now undeniably true that evidence-based practice is a solution to the growing complexity of long-term care and that its implementation enhances the care, safety, and quality of life of nursing home residents (Diehl et al., 2016; Hägglund & Olai, 2016; Specht, 2013), its application in such settings is still

embryonic (Jablonski & Ersek, 2009; Specht, 2013). Numerous individual, contextual, and research questions regarding the use of EBP in nursing homes need to be investigated, including poor knowledge of EBP (Chang et al., 2014); negative beliefs about EBP (Ahlin et al., 2014; Kaasalainen et al., 2010); and the belief that the care provided is already among the best possible. Lack of EBP implementation experience (Chang et al., 2013; Kaasalainen et al., 2010); low EBP knowledge (5) Difficulties in critically analyzing scientific research papers and evaluating statistical results; (6) Limited access to scientific databases; and (7) Financial and time constraints. Nurses are used to more traditional, established procedures (Chang et al., 2013; Janes et al., 2009). (Chang et al., 2010; Kaasalainen et al., 2010). Few research have examined how EBP is used in nursing homes and what people's perceptions of it are to date (Diehl et al., 2016; Slaughter et al., 2017; Specht, 2013). (8) More research on attitudes about EBP and its application in nursing home settings is required in order to promote its systematized use and provide safe, high-quality care. (9) Despite a thorough review of the literature, there don't appear to have been any prior research on nurses' attitudes about and use of EBP in nursing homes in Switzerland, and there aren't any studies that employ the EBP-B and EBP-I measures that are known to have been completed internationally. The main goals of this study were to describe the attitudes toward EBP held by nurses working in nursing homes in a canton of Switzerland that speaks French and to ascertain the extent to which they applied the strategy. Its secondary goals were to look into the possibility of relationships between the attitudes of

nurses and the extent of EBP implementation, as well as their socio-demographic and occupational factors.

## 2. Material and Methods

After obtaining an ethical clearance from the institutional ethical committee of Saveetha Institute of Medical and Technical Science and formal permission letter obtained from the head of the SMCH, present study was conducted. For the present study descriptive research design was adopted. The data were collected using a non-probability purposive sampling technique from 60 samples. The inclusion criteria for the study, participants, who are available during the study period and who are cooperative and who understand both Tamil and English. Exclusion criteria for the study are samples who are not willing to participate in the study. The purpose of the study was explained by the investigator to each of the study participants and a written informed consent was obtained from them. The demographic and the level of evidence based practice was collected from the samples using semi structured questionnaire. The data were analyzed by biostatistics. The sample characteristics were described using frequency and percentage, Chi-square was used to associate the level of anger with their selected demographic variables [1].

## 3. Results and Discussion

### Section A: Description of The Demographic Variables of the Community Health Nurses

The result shows that maximum is in the age group of 21 to 30, 60% are male, 53% are from Tamil Nadu, 73.3% are part-time, 60% are nursing practice, 43.3% are from community healthcare, 60% professional occupation, 70% level of training, 93% are from EBP, 50% formal training.

### Section B: Determining the Level of Belief Among Community Health Nurses and Implementing Evidence-Based Practice

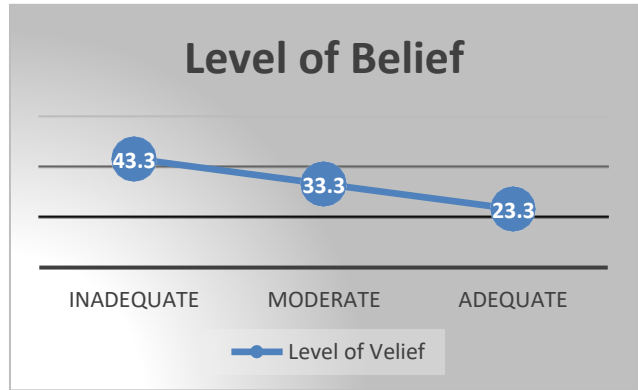
Table 2 shows the frequency and percentage distribution of community health nurses' level of belief in evidence-based practice.

|                 | Inadequate |      | Moderate |      | Adequate |      |
|-----------------|------------|------|----------|------|----------|------|
|                 | No.        | %    | No.      | %    | No.      | %    |
| Level of belief | 26         | 43.3 | 20       | 33.3 | 14       | 23.3 |

This table shows that maximum of them at inadequate belief, 33.3% are moderate belief and 23.3% had adequate belief.

Table 3: Frequency of mean and standard deviation of level of belief.

| Knowledge          | Mean  |
|--------------------|-------|
| Minimum Score      | 6     |
| Maximum Score      | 28    |
| Mean               | 14.62 |
| Standard Deviation | 2.49  |



|  | Inadequate |      | Moderate |      | Adequate |      |
|--|------------|------|----------|------|----------|------|
|  | No.        | %    | No.      | %    | No.      | %    |
|  | 16         | 26.6 | 22       | 36.6 | 22       | 36.6 |

This table shows that about 36.6% are moderate & adequate, 26.6% are inadequate.

| Knowledge     | Mean |
|---------------|------|
| Minimum Score | 6    |
| Maximum Score | 24   |
| Mean          | 3.65 |

### Section C: Association of Level of Belief and Implementation of Evidence Based Practice with Their Selected Demographic Variables.

The result shows that the significant association with level of belief on evidence-based practice in nursing.

## 4. Conclusion

The purpose of the current study was to evaluate community health nurses' attitudes about and use of evidence-based practice. According to the study's findings, a large percentage of EBP-related positive reports involved regular follow-up. As a result, this practice increases patient needs and helps nurses in their therapeutic efforts to disclose the practice in a proper and legal manner.

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