

# The opinions of postgraduate nursing students about evidence-based practice: A qualitative study

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## ABSTRACT

**Objective:** This study was conducted for the purpose of exploring the opinions and experiences of postgraduate nursing students regarding evidence-based practice and its use in the clinical setting in Turkey.

**Methods:** A qualitative study design was employed. Data in this research study were collected through Semi-structured questions were asked face-to-face in focus group discussions.

**Results:** The findings of the study set forth the individual and organizational barriers that faced postgraduate nursing students in their efforts to implement evidence-based practices. The main themes of the study were highlighted as: perceptions regarding evidence-based practice, the impact on the group cared for, challenges faced in the implementation, institutional support in applying practices. Subthemes were data verification, useful and reliable application, difficulties in communicating with colleagues, traditional views, troubles with team collaboration, the indifference of young colleagues, insufficient resources, and the need for a mentor in the workplace.

**Conclusion:** The students in their undergraduate programs, and elective courses on EBP should be added to the curriculum. In order to eliminate organizational barriers, institutions should establish EBP committee and mentoring system.

**Keywords:** Evidence-based practice, nursing students, qualitative research

## 1. INTRODUCTION

Evidence-based practice (EBP) refers to the problem-solving process of accessing research results on patient care, assessing these results and making decisions based on this knowledge (1). The World Health Organization stresses that healthcare services must rely on the best research evidence (2-4). The International Council of Nurses (ICN) and research of recent years emphatically point to the knowledge that EBP yields positive results in nursing, provides the best available knowledge needed for patient care, improves healthcare outcomes, increases quality, and achieves standardization and professional satisfaction among nurses (5-8). Advanced communications and technology have contributed to increased expectations regarding healthcare services among the general public and patients alike and professional nursing has made EBP a requirement (8).

The quality of patient care will be enhanced if nursing students can learn about EBP in their training and integrate this into the clinical setting under the guidance of sample applications (9,10).

It is reported in the literature that nurses have positive attitudes about evidence-based care but use EBP only to a limited extent (7,11,12). Postgraduate students of nursing and graduate nurses seem to experience problems in transitioning from their theoretical knowledge to practical applications (10,13).

It has been found that the limited use of EBP is a result of individual and organizational factors. Many of the barriers are regarded as minor but it is emphasized that they still make processes difficult and complex. Barriers stemming from the individual are cited in the literature as not having the time to research and read resources, having difficulty in making changes in the clinical setting, and relying on old knowledge, experiences and social interaction. Organization barriers are said to be personnel shortages and resource inadequacy and the absence of persons that can take on leadership roles (5-9).

The issue of EBP has come to the fore in the world for the last two decades. It is important that graduate school curricula incorporate EBP processes in both clinical practice and academic courses. Numerous quantitative studies have been conducted on EBP (14-16).

Postgraduate students constitute an important group in terms of their potential to become leaders in the clinical setting. It is therefore necessary that the problems experienced with implementing EBP in the clinic are identified in depth. The aim of this study was to investigate for the purpose of exploring the opinions of postgraduate nursing students about evidence-based practices.

## 2. METHODS

### 2.1. Research Design

This was a qualitative study using personal in-depth interviews as the data collection method. A qualitative study differs from conventional/quantitative studies with respect to study questions, goals, sample selection, data collection and analysis methods. The data collected in qualitative research cannot be reduced to numerical findings as in quantitative studies. The main purpose is to provide the reader with a descriptive and realistic presentation of the topic at hand. For this, it is important that the data collected is detailed and in-depth and that they directly reflect the views and experiences of the individuals participating as accurately as possible (17-20). We chose this method as an appropriate way of identifying views and experiences regarding EBP. Attention was paid to the consolidated criteria for reporting qualitative research (COREQ) in the reporting of all phases of the research (21).

### 2.2. Participants and Setting

The purposive sampling method was used in our study. The participants consisted of postgraduate students studying in a master's program in the nursing department of a foundation university in the city of Istanbul/Türkiye. Twenty-two currently enrolled postgraduate students were invited to participate in the research. Nine of the students did not wish to participate in the study, citing problems with time. The participants were not informed about the research prior to the study. The study was conducted with the 13 students who agreed to participate (Table 1). The criteria for the students who would be in the focus group discussions were consenting to participate and being a postgraduate student at the same university. Semi-structured interview questions and exploratory queries were used in the interview. The interview was conducted by means of the face-to-face interview method.

Purposive sampling method was used in this study. This sampling method is within the general qualitative research tradition. Purposeful sampling allows the study of situations that are thought to have rich information. In this sense,

purposive sampling is useful in many cases in discovering and explaining facts and events.

Among the purposive sampling methods, in homogeneous method interviews, groups of 6-8 people can be interviewed. Qualitative research is flexible in nature. This study is a graduate education in nursing department. It was aimed to get more information and opinions by taking all of the students who saw it.

### 2.3. Data Collection

This qualitative study was carried out in February 2019 with focus group interviews with the nursing students in Türkiye. The interviews were carried out by three researchers and one observer in a classroom of the university where the research took place. Two of the researchers had Ph.D. degrees and were working at the university as teaching staff; they had an average of twenty-two years of experience. The other researcher was a graduate student in the field and had ten years of field experience. All of the researchers were women. All of the students were familiar with one of the researchers because they had attended the researcher's master's course. A mutually convenient time was arranged for the interviewing. The students provided their written consent before starting the interview the permission of the participants. Data continued to be collected until the saturation point (18). The session took about 120 minutes. The interview took place in one session at a classroom at the university. No one was present during the interview at the classroom except participants and researchers. The students were asked four questions to describe their personal information (age, gender, the clinic they worked in, and how many years of experience they had). Semi-structured and open-ended questions were posed on the students' views about how evidence-based practices functioned in the clinical setting. The following four questions were included in the individual in-depth interview form:

1. What do you understand from evidence-based practices in nursing?
2. What do you understand from evidence?
3. What do you experience about evidence-based practices in nursing?
4. Which opportunities do you think you have in the clinical field about evidence-based practices?

### 2.4. Data Analysis

The discussions were recorded on a sound recording device. Later, these recordings were transcribed. The transcription took about two days. The following processes took place in creating the themes and sub-themes for the research. One of the researchers transcribed all of the data collected on the sound recording device using the Microsoft Office Word program 2013 and numbering the data from 1 to 30.

The other two researchers read and checked the transcription of the entire data set against the recordings to make sure that the text produced was accurate. After the checking, the final form of the entire data set was encoded separately by two researchers specialized in their field, each unaware of the other. About 22-25 codes were generated for the data sets that both researchers had separated into parts. Both researchers combined the codes to create themes, thus reducing the number of codes to 20.

Both researchers grouped the codes they had created under 4-8 themes. The researchers shared the themes they had created and made comparisons of both the themes and the reasons for creating them.

The comparisons resulted in the creation of common themes that both researchers found appropriate.

The opinion of a fourth expert outside of the study team was enlisted to ensure the reliability of the encoding and the themes. The graduate students participating in the study were called upon to offer their views on the themes and sub-themes. All of the participants affirmed the themes.

### 2.5. Ethical Considerations

The Marmara University Health Sciences Institute Ethics Committee approved the implementation of the study. (January 14, 2019-23). The students that would be participating in the research were informed of the purpose of the scientific study and about the fact that the data obtained would not be shared with third parties outside of the requirements of the research, after which their written consent was obtained. In the analysis of the data, the participants were referred to by a code containing a letter and a number instead of their names.

### 2.6. Limitations

This study is limited in its results because it was conducted with a small group in a single university with a single session allotted to data collection. There is a need for similar studies conducted in different institutions with different groups of nurses. The sample group of this study is postgraduate students.

## 3. RESULTS

Twelve of the students were women; their mean age was 26.8. Nine had been working in the profession for 1-3 years and most worked on the night shift (Table 1). In the final analysis, the study worked with 4 main and 8 sub-themes. The main themes were perceptions regarding evidence-based practices, the impact on the group cared for, challenges faced in the implementation, institutional support in applying the practices. Sub-themes were data verification, useful and reliable application, difficulties in communicating with colleagues, traditional views, troubles with team collaboration, the indifference of young

colleagues, insufficient resources and the need for a mentor in the workplace (Table 2).

**Table 1.** Participants characteristics.

Characteristic	Number of Participants
<b>Gender</b>	
Male	1
Female	12
<b>Age range</b>	
23-26	7
27-30	5
31-34	1
<b>Work period</b>	
1-3 years	9
4 and over	3
Not working	1
<b>Work pattern</b>	
Shift	9
Day Time	4

**Table 2.** Main and sub-themes

Main theme	Sub-theme
1. Evidence-based practice perception	Validated information
2. Effect on care group	Useful and reliable application
3. Difficulties in application	Difficulty in communicating with colleagues Difficulty in team collaboration traditional judgment Disinterest of young colleagues Lack of resources
4. Institutional support in accomplishing the application	The need for mentors at workplace

### 3.1. Theme 1. Evidence-Based Practice Perception

The participants answered the question, "What do you understand from the term 'evidence?'" by explaining their own definitions. It was found that the participants' views on EBP were positive. All of the definitions offered were in accord with each other. None of the participants' definitions was contrary to the consensus.

#### 3.1.1. Verified Data

It was seen that in defining the word "evidence," the participants focused on the objective principles of science, as was seen in their responses regarding matters such as verification of results, proven knowledge, reaching the same conclusions at every try, and being sure of information. Most of the participants stated that "evidence" meant verified information.

*It's what we're sure of It has to be the entirety of objective knowledge. We can get the same accurate result when we apply anything that has been proven (Age,22). I think it means the whole of everything that is done to prove to others that*

there is something missing (Age,21). It means getting the same result from every similar study or experiment (Age,23). It's to find out a benefit and loss relationship by trial and error (Age ,21).

### 3.2. Theme 2. Impact on Group Cared For

"What do you understand from the expression 'evidence-based practices' in nursing?" To this, the participants agreed on the response "reliable and useful practices." No other definition was encountered in the group.

#### 3.2.1. Useful and Reliable Practices

Things that have been tried on people and proved, leaving no question mark in the mind (Age ,21). Clarity closes to precision, and even more accurate because of its precision. It suggests the principle of doing no harm to the patient. Everybody always doing the same thing (Age ,20).

It will lead to standardizing care and treatment. It represents security for both the patient and us (Age,21). There needs to be knowledge generated by persons specialized in the field. It's something that leaves no question mark in either the patient's, the nurse's, or the doctor's mind (Age,21). It brings the risk of making a mistake down to a minimum (Age,22). I can say that it's a piece of old evidence. I can say that this is proof for me, so I think it's a very good thing from this aspect (Age,22). We can save time (Age, 21).

### 3.3. Theme 3. Challenges in Practice

To the question, "Which barriers do you run up against in the hospital regarding evidence-based practice?" the participants said that they ran into difficulties with implementing EBP, both as an institution and individually. They stated further that they could not make the connection between EBP and patient care, they had not seen any example of evidence-based practice, they experienced problems of communication with colleagues, friends were more prone to adopting traditional views, they had incompatibilities in the team, the professional qualifications of their young colleagues was lacking, they did not know a foreign language, they could not access the right resources at the right time and they were unable to participate in scientific congresses.

#### 3.3.1. Difficulties in Communicating with Colleagues.

I can't say that these are implemented in our chest surgery unit. This is sometimes because of our colleagues, sometimes because of the doctor, and sometimes the patient. Our colleagues are never open to the current and new. Our younger colleagues are unenthusiastic. They are closed off to new knowledge, they don't want to try anything new (Age,21). I work in pediatrics. I can't say with one-hundred percent certainty that we use evidence-based practices. Implementing different practices causes lapses in communication (Age,20).

#### 3.3.2. Challenges with Teamwork

Sometimes the team is against it. There are some that show resistance. Practices can change even from doctor to doctor. Sometimes a doctor sets up some working principle and insists that it should be followed, and we are unfortunately forced to do what they say (Age,21). They can put you on the blacklist. It's as if they think that I'm not there to do research but to prove myself (Age,21). We go out on our internship rounds. To learn as much as we can from the nurses there. Sometimes there can be two nurses present. One will tell you to do something one way, the other will want you to do it differently (Age,23).

#### 3.3.3. Traditional Views

Patients usually want you to practice and continue to practice traditional methods. They can be closed to new things (Age,20). There can be a disruption in communication with patients. That's when they don't allow the procedure and refuse the treatment (Age,20). Some physical conditions, sometimes very different things can be barriers. The team may not want it; they can resist (Age, 21). They consider it like teaching an old dog new tricks (Age 20).

#### 3.3.4. Our Younger Colleagues Have No Interest.

They're an unhappy group. They're a group that doesn't even want to come to work. They don't like what they're doing. Where I work, there's a lot of disinterests. Unfortunately, that's how I see it. The new generation doesn't think about what they must do (Age,21). They don't know what research entails (Age, 21).

They think that I'm not there to do research but to prove myself. At the end of the day, we're all professionals. This is a profession that's risen above the high school level and requires a college degree now. Because of this, it's only logical that we work with evidence-based practices but when we go out on the field, our relations are more on a master-apprentice level (Age ,21).

#### 3.3.5. Insufficient Resources

I think I'm having difficulties with doing and choosing the right thing. For example, when I do research in a reference work written in English, I can only go halfway and then I get bored and leave it. If only my English was better, if I could read better, or if there more resources in Turkish and I could easily access them... (Age,22). Our workload is too much; I think this type of work leaves no room for research-based practices (Age,21). I didn't know how I could attend congresses (Age,23).

### 3.4. Theme 4: Institutional Support in Launching Practices

To the question, "What kind of support do you get from the hospital regarding evidence-based practice?" the participants said that nurses in charge of quality control at the hospital

could provide in-house training, that they were eager to learn about current practices, that they had the opportunity to work with colleagues at a higher educational standing in the same setting, and that an opportunity could be provided to them so they could organize. They also said that mentors in the clinical setting would be needed in the process of introducing EBP. The participants of our study explained that setting up an EBP committee would play an important role in implementing practices, assuring us that they would be acting on this need to have this study started at their own hospitals.

### 3.4.1. The Need for Mentors in the Workplace

*There are qualified nurses at all hospitals now. These qualified nurses could be encouraged to follow up on current developments, share these with the team, and form an EBP committee (Age, 21). If I had learned about EBP in my undergraduate program, I would have liked to follow up on current knowledge. In other words, I would have preferred to follow up on the latest practices, not traditional methods (Age,21). We have trouble organizing as a professional group. We should increase our organizing efforts and form a communication network (Age,21).*

## 4. DISCUSSION

In this study, we found that the participants used the word “evidence” as validated knowledge and knowledge that is based on reason. On the other hand, the participants did not feel the need to integrate the values and preferences of the patient in this definition. This suggests that more emphasis must be given in nurses training to the “individuality, culture and preferences of the patient.” At the same time, it is our belief that if nurses can focus on the patient’s preferences, culture and needs in their EBP, this would also raise the quality of nursing practices, creating a positive effect by turning simple techniques into a holistic approach toward patients. Our participants defined EBP in nursing as safe applications that were beneficial both to the patient and to the nurse. In another study conducted with nursing students, among the students answering the question, “What are your aims in finding evidence?” only 10% said that it was to use these practices in nursing care (5).

The participants in this study did not mention anything about how EBP could improve healthcare outcomes or how they could be used to bring down costs. This finding suggests that although the participants thought evidence-based practices to be useful, there is a need for interventions to strengthen their beliefs in the benefits EBP holds for patient care. Scott et al. (22) stresses that it is essential that nurses know exactly what evidence-based practice encompasses. Fairbrother et al. (2015) found higher educational level, lower emotional exhaustion and higher relational job satisfaction were found to be the best predictors of EBP skill level (23). Yilmaz et al. (2018), in their study with nurses, found that attitudes toward evidence-based nursing were low, while Durmuş

et al. (2017) found these levels to be average (15,24). This suggests that nurses either do not have sufficient knowledge or the necessary skills to appreciate the process of EBP and what this can achieve or they have not internalized these concepts. It has been discovered that nurses experience various challenges in implementing evidence-based practice in the clinical setting. These challenges are both institutional and individual. In the literature, individual challenges have been identified as not being able to allot time to research, having difficulty with interpreting research results, having trouble accessing resources and not knowing enough English. Institutionally, the difficulties have been reported as the fact that nurses and other healthcare personnel show resistance and are not open to new ideas and there is a shortage of supportive mentors (5,25,26). The participants in this study similarly stated that the most common problems they faced in adopting and implementing EBP in the clinical setting had to do with other members of the health team. It is clear in the light of this that for EBP to be adopted and implemented in the clinic, support and mentorship need to be provided so that the importance of EBP and its integration into clinical practice is fully understood.

Our study showed that the participants relied on the experience of their colleagues rather than on current knowledge in the literature in managing the care process. Gerrish et al. (2008) and Ozga et al. (2019) found that nurses regard the use of research results as worthless but clinical experiences more valuable in the decision-making process. (27). Huang et al. (2017) have asserted that lack of knowledge of a foreign language is a major obstacle in implementing practices due to the inability to access, read and understand resources (28). Similarly, Tas et al. (2018) found that 57.4% of undergraduate students did not read nursing journals and 45.2% did not participate in scientific research (29). Yilmaz et al. (2018) reported that when nurses working at a university hospital participated in scientific congresses and read professional publications, this had a positive impact on their attitudes toward EBP (15).

The participants in this study pointed to the difficulties they faced because of the general disinterested attitude of their younger and newly hired colleagues toward EBP. They also stated that more experienced colleagues showed resistance in putting new knowledge and techniques into practice. In a study by Melnyk et al. (2012), nurses expressed the opinion that not only institutional, but administrative and educational opportunities should be provided in order to achieve the clinical integration of EBP (5,30). Wallis (2), Fisher et al. (31) recommend that clinical mentors be given the task of acting as a locomotive force in bringing about the implementation of EBP. Similarly, the participants in this study expressed their belief that the implementation of EBP would require that an EBP committee be organized at the hospitals, the topic of EBP be given priority in in-house programs and that university academics provide mentorship in setting up the appropriate systems. Also, the participants revealed that this study had raised their awareness about EBP. The participants said that they welcomed taking responsibility in the clinical setting

in solving the problems related to EBP, and they stated that they would be talking to their administrators about setting up an “evidence-based practices committee.”

## 5. CONCLUSION

Our study indicated that graduate nursing students worked in clinical settings where there was no policy or practices governing the use of EBP and that the adoption of EBP was hindered by individual, institutional and educational barriers. In order to ensure the adoption of EBP, these barriers need to be identified so that effective solutions can be developed. Although the students attitudes toward EBP were generally positive, it was found that the most common individual challenge they faced in implementing EBP was their foreign language deficiency. This deficiency makes it harder to keep up with current developments. In light of the results obtained, we recommend the following:

- Administrators, nurses, academics and other healthcare providers responsible for patient services should conduct studies to understand and eliminate the barriers standing in the way of implementing evidence-based practices.
- Attention must be devoted to improving the foreign language competencies of students in their undergraduate programs, and elective courses on EBP should be added to the curriculum. In the context of eliminating organizational obstacles, holding evidence-based interactive training workshops as part of nurses' training, encouraging institutions to set up committees and mentorships to create a culture of EBP, increasing in-house training opportunities, supporting congresses and other scientific efforts, engaging in workload planning and increasing collaboration at the universities may all be effective methods of action.

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