

https://dspace.org/

Knowledge, attitudes and practices regarding trading intensive care nurses on evidence-based practice at an academic hospital in Gauteng.

Kumwenda, Wezzie M

2014-03-27
http://hdl.handle.net10539/14362

Downloaded from a DSpace repository. https://dspace.org/

KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING TRAINED INTENSIVE CARE NURSES ON EVIDENCE-BASED PRACTICE AT AN ACADEMIC HOSPITAL IN GAUTENG.

Wezzie M. Kumwenda

A Research Report submitted to the Faculty of Health Sciences, University of Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree

Of

Master of Science in Nursing.

September, 2013.

DECLARATION

I, Wezzie Kumwenda, declare that this research report is my own work. It is being submitted for the degree of Masters in Nursing in the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

Signature:

Date:

Protocol number **M1200330**

DEDICATION

This study is dedicated to my family and colleagues for their support rendered throughout my studies at the University of Witwatersrand**.**

ACKNOWLEDGEMENTS

I am so indebted to the Almighty God for keeping me safe throughout and for the wisdom that He gave me.

Great thanks go to my supervisor, Shelley Schmollgruber for her continuous guidance, motivation and support.

My family, friends and relatives also deserves many thanks for their continuous support and encouragement.

To Professor Pieter Becker, biostatistician, I say thank you, for all the statistical help you rendered to me.

My sincere thanks go to Devind Peters, chief librarian, medical school, faculty of health sciences.

And lastly, a special thank you to the participants and the hospital, for their participation and for making this study a reality.

Thank you all and may God bless you.

ABSTRACT

Background: Despite many advances on evidence-based practice (EBP), nursing is still not based on evidence. Trained intensive care unit (ICU) nurses may be the key to EBP in the ICU.

Purpose: To describe the knowledge, attitudes and practices of trained ICU nurses on EBP at an academic hospital in Gauteng.

Design: Mixed methods **s**equential explanatory.

Method: Data were collected from trained ICU nurses who were purposely selected using a validated tool (Upton & Upton, 2006) to obtain the quantitative results on their knowledge, attitudes and practices on EBP (n=100) and then followed up with 12 expert trained ICU nurses in two focus groups to explore the quantitative results in more depth. The quantitative and qualitative findings were then combined at discussion of results.

Results: From the quantitative results, the majority of the nurses selected the best category: 81.0% on knowledge towards EBP, 75.0% on attitudes towards EBP and 75.0% on practices towards EBP. The qualitative results identified three categories: perceptions, challenges and suggestions. The trained ICU nurses were knowledgeable in their understanding of EBP but lacked knowledge in the skills of accessing evidence. Welcoming attitudes towards EBP were displayed but admitted to their practices being partly evidence-based due to challenges that included resistance to change, confusion of evidence, lack of resources, time and autonomy. The instrument was found to be reliable and valid with a Cronbach's alpha of 0.94 for the entire questionnaire and the study increased its validity in the South African context.

This study indicates that although trained ICU nurses are knowledgeable about EBP, they are still lacking in skills regarding EBP. Even though the trained ICU nurses have welcoming attitudes towards EBP, their practices towards EBP are not fully evidence-based due to the identified challenges. This study therefore suggests capacity building of the trained ICU nurses as well as development of their EBP skills to support EBP.

TABLE OF CONTENTS

		Page
DECLARATION		i
DEDICATION		ii
ACKNOWLEDGEMENTS		iii
ABSTRACT		iv
TABLE OF CONTENTS		v
LIST OF APPENDICES		xii
LIST OF FIGURES		xiii
LIST OF TABLES		xiv
LIST OF ABBREVIATIONS		xv
CHAPTER ONE: OVERVIEW OF THE STUDY		
1.0	INTRODUCTION	1
1.1	BACK GROUND OF THE STUDY	1
1.2	PROBLEM STATEMENT	3
1.3	PURPOSE OF THE STUDY	4
1.4	RESEARCH OBJECTIVES	4
1.5	SIGNIFICANCE OF THE STUDY	4
1.6	RESEARCHER'S ASSUMPTIONS	5
1.6.1	Meta-Theoretical Assumptions	5
1.6.2	Theoretical Assumptions	8
1.6.3	Methodological Assumptions	9

1.6.4 Definition of Terms 10

1.7 RESEARCH METHODS OVERVIEW 10

1.7.1 Research Design 10

1.7.2 Research Method 11

1.7.3 Reliability, Validity and Trustworthiness 12

1.8 PLAN OF RESEARCH 13

1.9 SUMMARY 14

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION 15

2.2 CONCEPTUALISATION OF EVIDENCE-BASED PRACTICE 16

2.2.1 Definition 16

2.2.2 Research Evidence 17

2.2.3 Clinical Expertise 19

2.2.4 Patient preferences 20

2.3 OVERVIEW OF EVIDENCE-BASED PRACTICE IN NURSING 20

2.4 INTENSIVE CARE NURSING AND EVIDENCE-BASED PRACTICE 21

2.5 CURRENT STATUS OF EVIDENCE-BASED PRACTICE 22

2.5.1 Global Perspective 22

2.5.2 African Perspective 23

2.6 EVIDENCE-BASED PRACTICE CHALLENGES /BARRIERS IN NURSING 25

2.7 KNOWLEDGE, ATTITUDES AND PRACTICES ON EVIDENCE-BASED PRACTICE 27

2.7.1 Knowledge towards evidence-based practice 27

2.7.2 Attitudes towards evidence-based practice 31

2.7.3 Practices towards evidence-based practice 34

2.8 SUMMARY 37

CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION 40

3.2 PURPOSE AND OBJECTIVES OF THE STUDY 40

3.3 RESEARCH PARADIGM 41

3.4 MIXED METHODS RESEARCH 41

3.5 SEQUENTIAL EXPLANATORY MIXED METHODS 43

3.6 RESEARCH SETTING 46

3.7 RESEARCH POPULATION 47

3.8 RESEARCH SAMPLE AND PROCEDURE 48

3.8.1 Research Sample 48

3.8.2 Inclusion Criteria 48

3.8.3 Sampling Procedure 49

3.9 DATA COLLECTION 50

3.9.1 Research Instruments / Tools 50

3.9.2 Pretest and Pilot study 53

3.9.3 The Main Study 54

3.10 DATA ANALYSIS 56

3.11 RELIABILITY, VALIDITY AND TRUSTWORTHINESS 58

3.11.1 Reliability and Validity of the Instrument 58

3.11.2 Trustworthiness of the Qualitative data 60

3.12 RIGOR OF THE STUDY 62

3.13 ETHICAL CONSIDERATIONS 62

3.14 DISSEMINATION OF FINDINGS 63

3.15 SUMMARY 64

CHAPTER FOUR: DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION 65

4.2 APPROACHES TO DATA ANALYSIS 65

4.3 RESULTS OF PHASE ONE 67

4.3.1 Demographics of the participants 67

4.3.2 Practices of trained intensive care unit nurses towards evidence-based practice 68

4.3.3 Attitudes of trained intensive care unit nurses towards evidence-based practice 69

4.3.4 Knowledge of trained intensive care unit nurses towards evidence-based practice 70

4.3.5 Association between practices of trained intensive care unit nurses and the demographics 71

4.3.6 Association between attitudes of trained intensive care unit nurses and the demographics 74

4.3.7 Association between knowledge of trained intensive care unit nurses and the demographics 76

4.3.8 Summary statistics on practice, attitudes and knowledge on evidence-based practice 80

4.3.9 Results of the reliability and validity of the questionnaire in South Africa 81

4.3.10 The Results on the Comments section 83

4.4 FINDINGS OF PHASE TWO OF THE STUDY 85

4.4.1 Category 1: Perceptions 86

4.4.1.1 Sub-category: Knowledge regarding evidence-based practice 87

4.4.1.2 Sub-category: Welcoming attitudes towards evidence-based practice 88

4.4.1.3 Sub-category: Experiences with evidence-based practice 89

4.4.2 Category 2: Challenges 91

4.4.2.1 Sub-category: Confusion of evidence 91

4.4.2.2 Sub- category: Lack of time 93

4.4.2.3 Sub- category: Lack of resources 93

4.4.2.4 Sub- category: Resistance to change 94

4.4.2.5 Sub- category: Lack of autonomy 95

4.4.3 Category 3: Suggestions 96

4.4.3.1 Sub- category: Practice 96

4.4.3.2 Sub- category: Theory 97

4.5 DISCUSSION OF PHASE ONE AND PHASE TWO RESULTS 98

4.6 SUMMARY 110

CHAPTER FIVE: SUMMARY AND CONCLUSIONS

5.1 INTRODUCTION 112

5.2 SUMMARY OF THE STUDY 112

5.3 MAIN FINDINGS 114

5.4 LIMITATIONS OF THE STUDY 117

5.5 RECOMMENDATIONS OF THE STUDY 118

5.5.1 Nursing Education 118

5.5.2 Nursing Practice 119

5.5.3 Nursing Research 119

5.6 CONCLUSION 120

LIST OF REFERENCES 122

LIST OF APPENDICES

Appendix A	Evidence-Based Practice Questionnaire	130
Appendix B	Permission to use the questionnaire	133
Appendix C	Approval from the Post graduate committee	134
Appendix D	Ethics clearance certificate	135
Appendix E	Approval from the Department of Health-Gauteng Province	136
Appendix F	Approval from Charlotte Maxeke hospital	138
Appendix G	Request for permission to conduct research at the hospital	139
Appendix H	Questionnaire for validation of data collection instrument	140
Appendix I	Demographic data of the intensive care unit experts	142
Appendix J	Panel of intensive care unit experts' information letter	143
Appendix K	Information letter for participants in the main study- questionnaire	144
Appendix L	Consent form for questionnaire	145
Appendix M	Focus group discussions guide on evidence-based practice	146
Appendix N	Information for focus group discussion	148
Appendix O	Consent form for focus group discussion	149
Appendix P	Statistical reliability	150

LIST OF FIGURES

Figure		page
3.1	Flow diagram showing steps of the Sequential explanatory design	44
3.2	Visualisation of Sequential explanatory mixed method design in the study	46
4.1	Summary of the approach to data analysis for phase one and two	66
4.2	Practices of trained intensive care unit nurses towards evidence-based practice	69
4.3	Attitudes of trained intensive care unit nurses towards evidence-based practice	70
4.4	Knowledge of trained intensive care unit nurses on evidence-based practice	71
4.5	Practices of trained intensive care unit nurses on evidence-based practice according to their nursing education using item 1A and 1C	73
4.6	Practices of trained intensive care unit nurses against level of qualification using item 1A and 1D	74
4.7	An association of attitudes and qualification of trained intensive care unit nurses on evidence-based practice using item 2A and 2B	75
4.8	Trained intensive care unit nurses attitudes according to position for items 2B and 2D	76
4.9	Determination of content validity for practice, attitudes and knowledge on evidence-based practice	82
4.10	Major categories and its related sub- categories from the two focus groups	86

LIST OF TABLES

Table		page
1.1	Research methods in summary	12
2.1	The frequency of barriers to evidence-based practice in descending order	26
4.1	Demographic profile of trained intensive care unit nurses	67
4.2	Summary statistics for categories of age and experience	68
4.3	The association of knowledge of the trained intensive care unit nurses on evidence-based practice with qualification and position	77
4.4	Total scores of practice, knowledge and attitudes on evidence-based practice	80
4.5	Cronbach's reliability coefficient for the entire questionnaire and the three variables: practice, attitudes and knowledge	81
4.6	Demographic profile of trained intensive care unit nurses	85

LIST OF ABBREVIATIONS

CMJAH	Charlotte Maxeke Johannesburg Academic Hospital
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CQI	Continuous Quality Improvement
EBP	Evidence-Based Practice
EBPQ	Evidence-Based Practice Questionnaire
ICN	International Council of Nursing
ICU	Intensive Care Unit
SAHR	South African Health Review
SANC	South African Nursing Council
SD	Standard Deviation
qual	Qualitative method-carried less weight
QUAN	Quantitative method-carried more weight
UK	United Kingdom
USA	United States of America