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Factor Affecting Evidence Based Maternity Care Practice among Nurses in a Tertiary Hospital

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ABSTRACT

Introduction: As the largest group of healthcare professionals, nurses have crucial role for delivering evidence based practice for positive maternity outcomes along with cost effective quality care. The personal and organizational context influences its implementation.

Objective: To find out the factor affecting evidence based maternity care practice among nurses in a Tertiary Maternity hospital.

Method: Descriptive cross sectional study was done with sample of 84 nurses. Data were collected by using self-administered questionnaires which include attitude scale as well as barrier and facilitator scales. SPSS was used for data analysis.

Result: Almost all nurses (97.6%) provided their opinion that evidence based practice is beneficial for the positive patient outcomes and professional development. Majority nurses (78.6%) believed that the care they delivered was evidence based. The nurses demonstrated a positive attitude toward evidence-based practice, with mean score of 2.45 + 0.41. However, they reported experiencing barriers to implementing evidence based practice in their daily clinical practice. Overall barrier scale had a mean score of 2.38 + 0.47, with the organizational subscale identified as the most significant barrier, scoring 2.14 + 0.55. Most important facilitating factor felt by the respondents were 'Emphasized evidence based practice in nursing curriculum of all level' (82%); 'Reward and motivation for evidence based practice' (79.8%) and 'Adequate staffing and team work culture' (79.7%).

Conclusion: Emphasizing evidence based practice among nurses, the supporting factors should be enhanced and overcome identified barriers. As a result, the professional development of the nurses is also achieved along with positive health outcomes.

Keywords: Evidence based Practice; maternity health services, nurses.

INTRODUCTION

Evidence Based Practice (EBP) is a systematic approach involving five steps: forming a clinical question, gathering and analyzing the best evidence, applying it in practice, and evaluating the outcomes.[1] Professional experience, prior training and academic credentials are not only sufficient to guarantee the long-term high quality effective care; EBP is essential.[2]

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Globally, an estimated 287,000 maternal deaths occur annually, with 95% in low and lower middle income countries, highlighting a significant global disparity many due to preventable causes like postpartum hemorrhage and infections.[3] Evidence based maternity care, grounded in reliable research, is key to improving outcomes for mothers and newborns.[4] Nurses and midwives comprise nearly half of the global health workforce and are often the first point of care, making their role in implementing EBP critical.[5] However, studies from countries like Pakistan and Nepal highlight significant gaps in EBP knowledge and barriers to its application among nurses.[6,7] These challenges limit the delivery of safe and effective maternity care.

This study aims to explore nurses' attitudes toward EBP, identify perceived barriers, and highlight factors that facilitate its use in maternity care settings. The findings may inform policy recommendations and strategies to strengthen evidence-based maternity care, ultimately enhancing maternal and neonatal health outcomes.

METHODS

This descriptive cross sectional study was conducted at Paropakar Maternity and Women's Hospital, a tertiary-level government hospital located in Kathmandu.

The study population were the nursing staffs working in different units of the hospital who have to deal with lots of maternal cases day to day. Non probability, convenience sampling technique was chosen for the study. Inclusion criteria included all nurses having at least high school level nursing education who directly deal with patient and at least having 1 year work experience. The study received ethical approval from the Institutional Review Committee from National

Academy of Medical Science (Reference number: 176/2077/78) and permission for data collection from the hospital director. Informed written consent was also taken from each respondents for the study. Sample size was calculated by using the following calculation formula:

$$n=\frac{Z^2_{1-\alpha/2}\cdot SD^2}{d^2}$$

where,n = Required sample size

Z= 1.96 for 95% confidence interval

SD= standard deviation of the variable (overall perceived barrier to use of EBP) i.e 0.32 in previous similar study conducted in TUTH. [8]

E^2 = 0.05; margin of error expressed as decimal (i.e 0.05) with allowable error of 5%.

Substituting these values in the above equation, the sample size (n_o) is estimated as 157. Finite correction sample study population calculation:

$$n=\frac{157}{1+\frac{157}{180}}\approx 84$$

Hence the final study sample size is 84. Semi-structured self-administered questionnaire along with Attitude scale; Barrier scale as well as Perceived Facilitator scale to EBP were used in collecting data.

Attitudes towards EBP were assessed by respondent's rate indicating their level of agreement to 7 statements on a 5 point Likert type scale (1=Strongly Agree, 5= Strongly Disagree). Lower mean score indicate high level of agreement to statement and positive attitude related to EBP and vice versa.

Perceived barriers to EBP were assessed by asking participants rate their level of agreement on a list of 20 potential barriers to EBP using 5 point Likert type scale (1=Strongly Agree, 5= Strongly Disagree). Lower mean score indicate greater perception of the items as a barrier to EBP and vice versa. The data collection tool included items adapted from the 'Barriers to Research Utilization Scale', originally developed by Funk et al., with some modifications made to suit the study context.[9] The barriers to EBP are sorted into four types: nurse subscale, organizational subscale, communication subscale and research subscale based on Roger's model "Diffusion of Innovation".[10]

The internal consistency reliability of each subsection of the instrument was tested using Cronbach's alpha coefficients. The tool was moderately consistent with (Attitude scale, α=0.695), (Barrier Scale, α=0.848) and (Facilitator scale, α= 0.736). For the analysis descriptive statistics and inferential statistics were used using SPSS software (22 versions). The point estimate was calculated at a 95% CI.

RESULTS

Majority (51.2 %) of the respondents was from the age group 20-29 year and only (8.3%) were from above 50 year age group. Focusing on marital status, most (61.9%) of the respondents was unmarried. Similarly, in regards of academic qualification, Bachelor level & Proficiency Certificate Level were major among the respondents with (50%) and (47.6%) respectively. Likewise, majority (71.4%) of the respondents was of contractual basis and least (6%) daily wages. Regarding work experience half of the respondent (50%) had work experience between 1-5 years and then 20.2% had between 6-10 years. Regarding research activity 57.1% percent of the respondents had such experience and most of them (45.2%) involved in academic type research. Likewise majority (81%) did not get opportunity of any training or workshop, conferences related to EBP. Majority (63.1%) did not study EBP articles/journal. Approximately 28.6% of participants reported regularly reading journals.

The study shows that the nurses' attitude towards EBP was favorable or positive with overall mean score 2.45, and almost of respondents (97.6%) strongly agree or agree with the statement that 'EBP is beneficial to patient outcome & professional development'. More than half of the respondents (62.3%) disagree or strongly disagree preferring traditional method rather than changing approaches based on new evidences (Table 1). The mean score below 3, 3-4 and above 4 were considered as favorable (positive), moderate and unfavorable (negative) respectively.

Table 1: Nurse's Attitude toward Evidence Based Practice.

Attitude Scale Items	Response (%)					Mean+ SD
	SA	A	Neither A or D	D	SD	
EBP beneficial to patient outcome & professional development	45.2	52.4	2.4	0	0	1.57+0.54
I am clear about the steps of EBP	3.6	61.9	17.9	16.7	0	2.48+0.81

It is easier to implement EBP where I work	1.2	57.1	27.4	14.3	0	2.55+0.75
I belief the care I delivered is almost evidence based	6	72.6	16.7	3.6	1.2	2.21+0.66
The adoption of EBP is little bit time consuming & increases workload*	7.1	36.9	27.4	27.4	1.2	3.21+0.97
I believe EBP have only limited utility and do not last for long*	3.6	17.9	31	42.9	4.8	2.73+0.94
I prefer traditional method rather than changing approaches based on new evidences*	1.2	17.9	19	44	17.9	2.40+1.02
Overall Mean(SD)						2.45+0.41

*** Reverse scoring statement**

SA= Strongly Agree, A= Agree, Neither A or D = Neither agree or disagree, D= Disagree, SD is = Strongly disagree

Likewise, the study reveals, almost (five out of six) items rated perceived barrier. The mean score of nurse subscale barrier to EBP was 2.69+0.47. Majority of the respondents (75%) expressed their agreement response that the 'lack of knowledge and skill regarding research and EBP is the greatest barrier items among nurse subscale. The 2nd and 3rd greatest nurse subscale barrier items expressed by the respondents include 'Lack of practice identifying gap in day to day practice' and 'Lack of confidence to change practice derived from new evidence' (Table 2). Lower mean score indicate greatest barrier to EBP and vice versa. The mean score below 3, 3-4 and above 4 were considered as greatest, moderate and least items respectively.

Table 2: Perceived Barrier to EBP among the Respondents (Nurse Subscale).

Barrier items (Nurse Subscale)	Mean (+ SD)	Rating (%)					Rank
		SA	A	Neither A OR D	D	SD	
Lack of knowledge & skill regarding research & EBP	2.23 (0.84)	14.3	60.7	13.1	11.1	0	1st
Lack of confidence to change own practice derived from new evidence	2.54 (0.89)	4.8	59.5	13.1	22.6	0	2nd
Lack of perceived value for EBP	2.68 (0.95)	4.8	50	19	25	1.2	4th
Lack of willingness to try new ideas	3.21 (1.18)	3.6	35.7	10.7	35.7	14.3	6th
Lack of proficiency in English language and statistic knowledge	2.93 (0.95)	4.8	34.5	23.8	36.9	0	5th
Lack of practice identifying gap in day to day practice	2.52 (0.81)	2.4	60.7	19	17.9	0	3rd
Mean Score(SD)	2.69 (0.47)						

Similarly, the research demonstrates that all the organizational subscale items were rated barrier factor for EBP. The mean score of organizational subscale barrier to EBP was 2.14+0.55. Majority (84.5%) of the respondents expressed that the 'Inappropriate nurse patient ratio' is the greatest barrier items among organizational subscale with the mean score 1.74(0.98). The 2nd and 3rd greatest barrier items in this subscale expressed by the respondents include 'Lack of fund and motivation for research activities/innovation' and 'Lack of continuing education or on the job training/ refresher courses' (Table 3).

Table 3: Perceived Barrier to EBP among the Respondents (Organization Subscale).

Barrier items (Organization Subscale)	Mean (+SD)	Rating (%)					Rank
		SA	A	Neither A OR D	D	SD	
Lack of authority to change maternity care practice based on new evidence	2.17 (0.64)	8.3	71.4	15.4	4.8	0	4th

Low management priority and support for EBP	2.29 (0.77)	10.7	57.1	26.2	4.8	1.2	8th
Time constraints to read research, article, journal	2.36 (0.83)	10.7	54.8	22.6	11.9	0	6.5th
Inadequate facilities/resources for implementation of new evidence into practice	2.26 (0.86)	13.1	61.9	10.7	14.3	0	5th
Inappropriate nurse patient ratio	1.74 (0.98)	52.4	32.1	6	8.3	1.2	1st
Lack of fund & motivation for research activities/innovation	1.92 (0.76)	28.6	56	10.7	4.8	0	2nd
Lack of continuing education or on the job training/ refresher courses	1.98 (0.79)	28.6	48.8	19	3.6	0	3rd
Lack of cooperation from other medical par professional	2.36 (0.93)	14.3	52.4	16.7	16.7	0	6.5th
Mean Score (SD)	2.14 (0.55)						

Furthermore, the study illustrates that all the communication subscale items were rated perceived barrier. The mean score of communication subscale barrier to EBP was 2.22+0.64. Majority (83.4%) of the respondents expressed that the 'Lack of opportunities to participate in seminar, workshop, conference related to EBP' is the greatest barrier items among communication subscale. Likewise, the 2nd greatest barrier items in this subscale expressed by the respondents include 'Unavailability of sufficient & relevant literatures in workplace' (Table 4).

Table 4: Perceived Barrier to EBP among the Respondents (Communication Subscale).

Barrier items (Communication Subscale)	Mean (+ SD)	Rating (%)					Rank
		SA	A	Neither A OR D	D	SD	
Limited library access & computers in the hospital	2.33 (0.83)	8.3	64.3	13.1	14.3	0	3rd
Unavailability of sufficient & relevant literatures in workplace	2.15 (0.86)	17.9	59.5	13.1	8.3	1.2	2nd
Lack of team approach & proper communication from supervisor	2.42 (0.93)	11.9	52.4	19	15.5	1.2	4th
Lack of opportunities to participate in seminar, workshop, conference related to EBP	1.96 (0.84)	27.4	56	11.9	2.4	2.4	1st
Mean score (SD)	2.22 (0.64)						

The study shows that the more than half of the respondents had expressed both items of this research scale as the barrier items for EBP. The mean score of research subscale barrier to EBP was 2.46+0.76 (Table 5).

Table 5: Perceived Barrier to EBP among the Respondents (Research Subscale).

Barrier items (Research Subscale)	Mean (+SD)	Rating (%)					Rank
		SA	A	Neither A OR D	D	SD	
Many research finding & international guidelines not applicable & feasible in our context	2.45 (0.86)	8.3	51.2	29.8	8.3	2.4	2nd
Literature reviews results conflicting views so difficult to decide whether to apply or not	2.46 (0.86)	6	56	27.4	7.1	3.6	1st
Mean Score (SD)	2.46 (0.76)						

The study reveals that the almost respondent expressed that all the items of the facilitator scale for EBP are needed for its effective implementation. The mean score below 3, 3-4 and above 4 were considered as least, moderate and greatest items respectively. "To greatest extent and "To great extent" response rate is merged to have comparable view in the above table. The mean facilitator score was found 4.04+0.82 indicating almost facilitator items were moderate need for better uptake of EBP among the nurses. Majority respondents (82.2) rated the option, 'Emphasized EBP in nursing curriculum of all level" to the great (Table 6).

Table 6: Perceived Facilitator to EBP among the Respondents.

S.N.	Facilitator items	Mean score + SD	(%) Rating			
			Great	Moderate	Least	Undecided
1.	Management should adopted EBP as high priority	4.24+2.19	77.4	10.7	10.7	1.2
2.	Training on computer skills as well as research & statistics	3.92+0.88	72.8	21.4	4.8	1.2
3.	Access & availability to library with internet & sufficient literature review at workplace	3.94+0.86	76.2	17.9	4.8	1.2
4.	Refresher course time to time regarding EBP	3.98+1.05	75	13.1	9.5	2.4
5.	Access to resources& support for implementation of EBP	3.89+1.10	71.4	15.5	9.5	3.6
6.	Reward & motivation for EBP	4.01+0.84	79.8	13.1	7.1	0
7.	Adequate staffing & team work culture	4.38+3.32	79.7	10.7	6	3.6
8.	Higher education opportunities	4.11+1.04	73.8	16.7	8.3	1.2
9.	Allocating time & fund for study and conducting research	3.89+1.10	66.7	22.6	7.1	3.6
10.	Opportunities of participating conference, workshop, seminar related to practice	4+1.05	77.4	11.9	7.1	3.6
11.	Emphasized EBP in nursing curriculum of all level	4.13+0.93	82.2	12	3.6	2.4
	Total Perceived Facilitator Mean +SD		4.04+0.82			

DISCUSSION

Education and work experience are the two forms of human capital having positive correlation with the performance. In this study, though there is no any significant association seen between educational level and work experience for use of EBP; the previous some studies showed the positive association implying that higher education gear the use of EBP (p=0.017) and longer nursing experience were likely to be more confident to implement EBP (p=0.05).[11]

Employment status is also said to be related with staff performance. Temporary employees

due to uncertainty in job cannot perform in better way.[12] In order to enhance EBP among the nurses, along with facilitation factor; job security might need to be addressed. Studies showed that experience-based knowledge is frequent source of information in clinical practice than research-based evidence in the nursing.[13] Research based knowledge and evidence need to be promoted along with experience based knowledge for enhancing EBP.

Continuing professional development training is equally given due consideration to enhance quality based on new evidence.[14] Therefore the opportunity of training or workshop related to one area of practice need to be organized time to time supporting the nurses to be updated in their field.

In this study, insufficient time (65.5%) and source barrier for e.g. limited access to library use (72%) and insufficient relevant literature (75%) were expressed by the respondents for being acquainted with new evidence based studies and/or such practice. There was similarity with the study done in Maldives where it was found that 70.7% respondent nurses expressed that insufficient time on the jobs to implement new ideas.[15] Similar study done in Nepal in 2016 also found that the nurses were found aware of the existence of research but could not devote the time to read research reports (34.9%) nor implement new ideas (60.3%). [8]

Though attitudes and/ or performance are not always perfectly aligned, attitudes can have a powerful effect on behavior.[16] Regarding attitude toward EBP among the nurses in this study was found favorable or positive. A study conducted among nurses and nursing students attended an EBP conference in Nepal, (2016) also concluded that the respondents had positive attitudes towards EBP though having low knowledge and skill as well as barrier felt for implementation.[7] Likewise, the findings is quite supported by a study on Iranian Nurses and Midwives (2014); showed that moderate attitude toward EBP

(in 65.8%) although they have low knowledge or skills (in 89.6%), low practice of EBP (in 83.3%). [17]

Implementing EBP is more likely to succeed if barriers are identified and tried to overcome. In this study, all barrier subscales were rated as the barrier to use of EBP. Among them, organizational and communication factors were perceived greatest barrier subscale with mean score 2.14 + 0.82 and 2.22 + 0.87 respectively. The finding supported by the study among midwives in Iran also concluded the most prominent barriers was the organization factor (mean + SD = 2.51 + 0.54) in the Ist rank. [18] Majority (84.5%) of the respondents expressed that the 'Inappropriate nurse patient ratio' is the greatest barrier items among organizational subscale with the mean score 1.74 (SD+0.98). A shortage of staff and increased workload has the potential to threaten quality of care.

'Lack of fund and motivation for research activities/innovation' (84.2%) and 'Lack of continuing education or on the job training/ refresher courses (77.4%) were enumerated as 2nd and 3rd greatest organizational barrier items. Similar study done in TUTH revealed that 'Lack of continuing education for nurses' (93.8%) and lack of motivation to carry out EBP (93.2%) were rated greatest barrier items by the respondent nurses.[8]

In this study, majority of the respondents (75%) expressed that the 'lack of knowledge and skill regarding research and EBP' is the greatest barrier items among nurse subscale. A study among nurses done in Qatar revealed that 50.3% of nurses have average knowledge on EBP, 42.9% of nurses have good knowledge on EBP and 6.8% nurses have poor knowledge on EBP.19

The 2nd greatest nurse subscale barrier items expressed by the respondents include 'Lack of confidence to change practice derived from new evidence' (64.3%). Professional confidence (PC) can affect clinical performance. Ideally, it should be developed following graduation through clinical monitoring, continuing education, and support.[20] The research subscale barrier to EBP was found rated as greatest with the mean score 2.46+0.86. Both items were equally rated. It seemed that more motivation and required resources (fund, time, support etc.) are need for the innovation of new better ideas, practice applicable in the own workplace setting rather than only focusing on adopting others' guidelines.

Despite strategy to overcome barrier to EBP, the promoting factors for EBP should be equally considered. Majority (82.2%) respondents rated the option, 'Emphasized EBP in nursing curriculum of all level" to the great or greatest for facilitation of EBP among nurses. Likewise almost 80% respondents expressed that there should be "Adequate staffing and team work culture" and "Reward and motivation for EBP" to a greatest or great extent.

This was a cross-sectional study with the self-developed questionnaire. It got quite difficult to have completed questionnaire in estimated time or same day because of busy wards. So, there might be possibility of information biases. The study results might not be representative in general due to convenience sampling technique.

CONCLUSION

This study found that while nurses held a positive attitude toward EBP , they encountered numerous barriers in applying it to daily care. Organizational challenges particularly understaffing, insufficient funding, lack of motivation, and limited access to continuing education were identified as the most significant obstacles. Additional barriers related to communication, research accessibility, and individual nurse-level factors further hindered EBP implementation. The findings highlight that overcoming these barriers is essential for the sustainable integration of EBP into routine nursing care. Most respondents emphasized the need to strengthen EBP within the nursing curriculum at all levels, alongside calls for adequate staffing, a collaborative team culture, and recognition or incentives for EBP engagement.

To enhance Evidence-Based Practice (EBP) among nurses, especially in maternity care, it is vital to integrate EBP into nursing education, ensure regular training, and improve access to research resources. Adequate staffing, institutional support through EBP mentors, and a culture of teamwork are essential. Providing incentives and strong leadership commitment will further support the routine use of EBP in clinical practice.

Conflict of interest: None

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