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**The Influence Factors Implementing In Hospitals the Use of Evidence-Based Nursing Practice**

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**ABSTRACT**

Evidence Based Nursing Practice (EBNP) is an approach to improve the quality of patient safety and patient care outcomes with the highest quality and as efficiently as possible. The purpose of the study was to examine the factors that influence nurses in implementing EBNP in RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro. This type of analytical research uses a cross sectional design. The research subjects were some nurses at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro with a total of 50 people. The independent variable of the study is the factor that influences nurses to implement EBNP and the dependent variable is the implementation of EBNP. The research instrument used a questionnaire. Data analysis using Pearson correlation test with  $\alpha = 0.05$ . There is no relationship between the factors of attitude, intention, subjective norms of nurses in the implementation of EBNP in RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro ( $p=0.612 > \alpha=0.05$ ). More than half of the nurses agreed (66%), but some did not implement EBNP. Almost all (96%) nurses have intentions but only a small proportion of nurses implement EBNP (41.7%). Most nurses have subjective norms agreeing to EBNP (80%), but more than half (62.5%) do not implement it. Hospital Nurse Dr. R. Sosodoro Djatikoesoemo Bojonegoro more than half of the nurses have implemented EBNP by 58% (29 people) and some others have not implemented EBNP by 42% (21 people). Hospital nurse Dr. R. Sosodoro Djatikoesoemo Bojonegoro stated the hospital's support for the implementation of EBNP, including the availability of wifi or computers, availability of accessible journals, having attended EBNP training, management support. Barriers to the implementation of EBNP are the absence of library facilities or reading rooms that provide subscriptions to journals related to EBNP by 86%, the absence of an obligation to carry out EBNP by 66%, the number of patients and non-care tasks so that they cannot carry out EBNP

**Keywords:** Evidence based Nursing Practice, Attitudes, Intentions, Subjective norms, applying

**INTRODUCTION**

Nursing services are part of health services where nurses have an important role in every patient care and treatment. Nurses must be able to think critically, make assessments and make clinical decisions. Nurses as the primary and most intensive care providers in contact with patients determine the provision of safe nursing care (Irmayanti, et al. 2019). Nursing care is a continuous process

in assessing and evaluating patients. As one of the professions in care services, the Evidence Based.

Practice of Nursing (EBPN) approach is needed to increase the role of nurses in nursing care services and improve safe patient outcomes as the end result of a service.

In the world of nursing Evidence Based Nursing Practice (EBNP) is the process of collecting data, processing, and

applying research results to improve clinical practice, work environment, or patient outcomes. The use of EBNP in nursing clinical practice is very helpful in providing the highest quality and most efficient patient care possible. So that EBNP -based care has been proven to improve the quality of patient safety and improve nursing care outcomes. Nursing care begins at the assessment stage when the nurse first meets the client. Furthermore, nursing diagnosis is established which is an important part of nursing. The next stage is nursing intervention. Choosing the right nursing intervention is very helpful in overcoming client problems. One way is to use the EBNP approach in nursing, but most nurses do not yet have the ability and habit of using EBNP in providing client nursing care services.

The results of the study by Reni, et al (2019), Elifa, et al (2019) reported that the lack of Nurses' Understanding of Evidence Based Nursing Practice (EBNP) was caused by 1) Not being exposed to the concept of EBNP; 2) Having been exposed to information about the concept of EBNP but not optimally; 3) There has been no training related to EBNP; 4) High workload where there is a lack of manpower, many patients but little time, busy, and so on are obstacles in the implementation of EBNP. The purpose of EBNP is to improve the quality of health services, improve services that always prioritize patient safety and ultimately help reduce hospital costs. EBNP is essential to achieve patient outcomes, avoid unnecessary and inappropriate interventions and reduce/avoid complications resulting from care and treatment.

RSUD Dr. Sosodoro Djatikusumo Bojonegoro has 72 nurses with a nursing education background and 166 nurses with a D III Nursing education background (Ministry of Health, 2020). The different levels of nurse education require the same understanding and perception in providing

nursing care for DM clients with the EBNP approach so that bad complications can be minimized and death can be prevented. However, until now, based on initial data collection, almost all nurses at RSUD Dr. R. Sosodoro Djatikoesoemo stated that they had never implemented EBNP.

Therefore, it is important to study the factors that influence nurses in implementing EBNP in hospitals. By knowing these factors, it can provide alternative input for solving the problem of implementing EBNP properly. The purpose of this study is to study the factors that influence nurses in implementing EBNP at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital.

## RESEARCH METHOD

The type of research is analytical using a cross-sectional design. The sample of the study was some nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Surabaya Hospital, the number of subjects was 50 people. The independent variable of the study is the factors that influence nurses to implement EBNP. The dependent variable of the study is the Implementation of EBNP. The place of the study was Dr. R. Sosodoro Djatikoesoemo Bojonegoro Hospital. The research instrument used was a Questionnaire.

Data analysis to identify factors related to the implementation of EBNP at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro with the test Pearson correlation. All data analysis used a 95% confidence level ( $\alpha=0.05$ ). Ethical confirmation with ethically acceptable results based on the Decree of the Director of the Regional Public Hospital Dr. R. Sosodoro Djatikoesoemo Bojonegoro Number 445/385/412.202.38/SK/2022 dated September 6, 2022

## RESULT AND DISCUSSION

### Characteristics of Research Subjects

Characteristics of Nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital found that most were

aged 41-50 years as many as 27 people (54%); and aged 31-40 years as many as 11 people (22%). The gender of the nurses was mostly female as many as 32 people (64%); The education of the nurses was mostly Nurses as many as 23 people (46%). The most work period of nurses was 16-26 years as many as 24 people (48%) and the work period was 5-15 years as many as 17 people (34%) (Table 4.2).

The functional positions of Nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital who participated in community service were 16 Supervisory Nurses (32%), 10 Associate Expert Nurses/Midwives (20%), 9 Junior Expert Nurses (18%) and 1 ( 2%) nurse who had

the functional position of Main Expert Nurse.

### Nurses' Attitude, Intention, Subjective Norm Data

All of nurses at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro stated that they agreed that EBNP should be implemented needed to be a mentor/guidance and must be implemented 100% (50 people). Nurses stated that they agreed that EBNP was difficult to implement as many as 14% (7 people) and EBNP is an additional burden as stated by 22% (11 people) table1.

**Table 1.** Nurses' Attitude at Hospital Dr R. Sosodoro Djatikoesoemo Bojonegoro about EBNP

Variable	agree		disagree		Total	
	f	%	f	%	f	%
Attitude of nurse						
need a mentor	50	100	0	0	50	100
need to form an EBNP team	50	100	0	0	50	100
EBNP must be implemented	50	100	0	0	50	100
EBNP is an additional burden	11	22	39	78	50	100
EBNP is difficult to implement	7	14	43	86	50	100

Table 2 shows that almost all 98% (49 people) of nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital have the desire to implement interventions based on EBNP, the desire to

form an EBNP team and start of the EBNP project is 94% (47 people). All (100%) nurses expressed the desire for a mentor/guidance in implementing EBNP.

**Table 2.** Intentions of Nurses at Dr. R. Sosodoro Djatikoesoemo Regional Hospital, Bojonegoro about EBNP

Intensi of nurse	positive		negative		Total	
	f	%	f	%	f	%
Desire mentor for EBNP	50	100	0	0	50	100
Desire to develop an EBNP proposal	47	94	3	6	50	100
Desire to form an EBNP team and start a project	47	94	3	6	50	100
Desire to implement interventions based on EBNP results	49	98	1	2	50	100
Desire to implement EBNP	48	96	2	4	50	100

Table 3 shows the subjective norm for nurses at Dr. R. Sosodoro

Djatikoesoemo Bojonegoro Regional Hospital in implementing EBNP is to

follow the policies of the Quality Control Team, Head of Nursing, Head of Inpatient Installation and head of the room respectively by 98% (49 people). Most of the others (84%, 42 people) stated that

they agreed to carry out EBNP according to the recommendations of their colleagues.

**Table 3.** Subjective norms of Nurses at Dr. R. Sosodoro Djatikoesoemo Regional Hospital, Bojonegoro about EBNP

subjective norms	agree		disagree	
carry out the advice of colleagues	42	84	8	16
carry out the orders of the head of the room	49	98	1	2
follow the head of the installation	49	98	1	2
follow the head of the nursing department	49	98	1	2
follow the quality control team	43	86	7	14

### Inhibiting and supporting factors for EBNP implementation

Nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital stated that there was hospital support for the implementation of EBNP, including the availability of wifi or computers by 88% (44 people), the availability of accessible journals by 54% (27 people), having attended EBNP training by 64% (32 people), and management support by 92% (46 people).

Nurses also stated that there were obstacles in implementing EBNP, namely the absence of library facilities or reading rooms that provide subscriptions to journals related to EBNP (86% (43 people), the absence of an obligation to implement EBNP (66% (33 people), the large number of patients who had to be treated so that they could not implement EBNP (52% (26 people), and the large number of non-care tasks (20% (20 people).

### Implementation of EBNP

Based on table 4, it was found that more than half of the nurses had implemented EBNP by 58% (29 people) and some others did not implement EBNP by 42% (21 people). The implementation of EBNP at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital, the first stage, namely topic identification, was implemented by 38 nurses (76%). More

than half of the nurses had difficulty in determining EBNP topics by 70% (35 people). Less than half of the nurses had carried out article searching by 46% (23 people), more than half of the nurses had difficulty searching articles by 66% (33 people).

**Table 4.** Implementation of EBNP at Dr. R. Sosodoro Djatikoesoemo Regional Hospital, Bojonegoro

Implementation EBNP	f	%
Implemented	29	58
Not Implemented	21	42

Nearly three-quarters of nurses did not carry out critical appraisal evidence of 74% (37 people). More than half (64%, 32 people) of nurses did not form an EBNP team, most of the 70% (35 people) of nurses did not carry out sharing with management. Nearly three-quarters of nurses (70%, 35 people) stated that they would implement EBNP if they had found sufficient evidence and conducted the first trial (72%, 36 people), and almost all (86%, 43 people) would communicate their success to management if they had implemented EBNP (Figure 6).

### Factors Affecting the Implementation of EBNP

Based on table 6, there is no relationship between the attitudes of nurses

at Dr. R. Sososdoro Djatikoesoemo Bojonegoro Regional Hospital towards the implementation of EBNP ( $p = 0.612 > \alpha = 0.05$ ). Nurses have a very agree attitude of 17 people, some of whom do not implement EBNP (52.9%) and less than half of whom implement EBNP (47.1%). Likewise,

nurses who stated that they agree were 33 people, more than half of whom (60.6%) did not implement it and only a small portion implemented EBNP (39.4%). There were no nurses who disagreed or strongly disagreed.

**Table 6.** Influence of Attitude, Intention and Subjective Norm factors of nurses on the implementation of EBNP at Dr. R. Sososdoro Djatikoesoemo Regional Hospital, Bojonegoro October 2022

Variables	Implementation of EBNP				Total		p
	Carry out		Not implementing		f	%	
	f	%	f	%			
Nurse Attitude							0.612
Strongly agree	8	47.1	9	52.9	17	100	
Agree	13	39.4	20	60.6	33	100	
Nurse's Intention							0.820
Have Intention	20	41.7	28	58.3	48	100	
Have No Intention	1	50	1	50	2	100	
Subjective Norms of Nurses							0.073
Strongly agree	6	66.7	3	33.3	9	100	
Agree	15	37.5	25	62.5	40	100	
Don't agree	0	0	1	100	1	100	

The results of the study also showed that there was no relationship between nurses' intentions and the implementation of EBNP at Dr. R. Sososdoro Djatikoesoemo Bojonegoro Regional Hospital ( $p = 0.820 > \alpha = 0.05$ ). Almost all (96%, 48 people) nurses had intentions but only a small number of nurses implemented EBNP (41.7%, 20 people). On the other hand, a small number of nurses who did not have intentions (4%, 2 people) partly implemented EBNP (50%, 1 person).

The results of the study showed that there was no relationship between the subjective norms of nurses at Dr. R. Sososdoro Djatikoesoemo Bojonegoro Regional Hospital and the implementation of EBNP ( $p = 0.073 > \alpha = 0.05$ ). Most nurses had subjective norms that agreed with EBNP (80%, 40 people), but more than half (62.5%, 25 people) did not implement it. Interestingly, there were subjective norms of nurses who stated that they strongly agreed (18%), most of whom, 66.7% (6 out of 9 people) implemented EBNP.

### Factors Affecting the Implementation of EBNP

The results of the study showed that

there was no relationship between the attitudes, intentions of nurses and subjective norms of nurses at Dr. R. Sososdoro Djatikoesoemo Bojonegoro Regional Hospital towards the implementation of EBNP ( $p = 0.612 > \alpha = 0.05$ ). This is because all nurses agreed and strongly agreed to implement EBNP, there were no nurses who disagreed. However, interestingly, not all or only some of the nurses who agreed and strongly agreed implemented EBNP. Likewise, almost all nurses wanted or had the intention to implement EBNP but only some did.

The reason why nurses do not or have not implemented it is likely because nurses feel insecure about their knowledge and abilities to implement EBNP. This is proven by the results of the study, which found that all nurses expressed their attitudes and desires for guidance or mentoring in implementing EBNP in real settings (Sindi et.al., 2017)

This finding is similar to the research results of Wallen et al., (2010) and Warren

et.al (2016) which found that to achieve successful implementation of EBNP, hospitals need to provide intensive training for nurses. In line with the findings of Malik et al., 2016 which found that nurses agreed that hospital institutions should provide nurses with opportunities to improve their research skills and critical assessment in implementing EBNP.

The attitude of nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital was mostly supportive and stated that EBNP was not difficult and had to be implemented, not an additional burden. This attitude is a very conducive start to starting the implementation of EBNP. Nurses also mostly stated the need for an EBNP Team and guidance/mentoring in implementing EBNP. This is in accordance with the opinion of Crable (2020) who stated the need for individual support to implement EBNP, while others said that cooperation in a Team was needed to implement EBNP.

Almost all nurses have the desire to implement and provide intervention services to patients based on EBNP. Nurses want to form a team and create an EBNP project with guidance/mentoring. This condition is a very strong factor in supporting the implementation of EBNP. Intention describes behavioral readiness to carry out something. Intention is a barometer for carrying out an action. If the intention is strong, the action will be carried out and vice versa. This condition is like the results of the study by Kennedy et.al. (2020) which found support and interest from individuals in implementing EBNP (Hidayah and Hariyani, 2012; Mallory et.al, 2020). In contrast to the results of the study by Pitsillidou et.al. (2021) which stated that there were obstacles from individual nurses, namely feeling inadequate to change existing habitual interventions.

Subjective norms are other people's views of a behavior. Subjective norms greatly influence the implementation of evidence-based nursing practice. The

results of the study showed that most nurses agreed to carry out the recommendations, orders and policies given by the quality control team, head of nursing, head of IRNA and head of the room as well as recommendations that have been implemented by other colleagues.

This means that the lower to upper level management must understand and appreciate the importance of EBNP policies in order to encourage a climate or culture of providing services to clients based on EBNP so that the quality of service and safety to patients increases. On the other hand, if the management environment and work environment do not support, such as the absence of a requirement to implement EBNP for expert nurses and above, this is the cause of the desire to implement EBNP being forgotten. Including work environment conditions that do not implement EBNP in providing nursing care, it can cause nurses and other health workers to forget the competency of implementing EBNP (Setyawati, et.al. 2017).

According to Sindi et.al. (2017) said that the implementation of EBNP in nursing services is a complex task. Service institutions must support the existence of EBNP implementation resources and cultivate it. (Sindi, et.al. 2017). Hospitals need to implement EBNP per unit and provide opportunities for all nurses to take EBNP training and become part of the hospital management governance system (Sindi et.al. 2017).

Implementing EBNP requires management commitment by creating an EBNP culture and incorporating it into the vision. A mission statement that reflects the promise of EBNP and engagement articulated in nursing performance descriptions is an important cultural component. Providing mentoring to nurses regarding EBNP

According to most nurses, hospital management has provided facilities such as wifi or computers to access articles related to journal searches for evidence related to

problems in service. However, there are still several things that hinder nurses from carrying out EBNP activities, including the absence of library facilities and journal subscriptions related to EBNP.

The library is a supporting facility for hospitals that functions to meet the educational, research, preservation, information and recreation needs of its users.

Based on Law No. 47 of 2007, a library is an institution that manages a collection of useful human works. Special libraries in hospitals have collections that can be used by medical staff such as doctors and nurses for patients. Libraries need to use information and communication technology to optimize services through subscriptions to several journal and e-book databases, libraries can collaborate between libraries in this regard (Rasyida, 2015; Barokah, 2021).

Therefore, the library is very appropriate to be developed and provided by the hospital, considering that Dr. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital, in addition to being a referral health service center for several hospitals in the Bojonegoro area and its surroundings, is also a means of practice for DIII Nursing, Midwifery and various other disciplines students as well as a place for Clinical Practice for Faculty of Medicine Students.

Other barriers include the many time-consuming care and non-care tasks that prevent them from searching for articles. Time constraints are a barrier that needs to be considered in utilizing research. In addition, insufficient time to read, evaluate, analyze, disseminate and apply evidence has been reported by many nurses as a barrier to EBNP (Cruz et al., 2016; Yoder et al., 2014).

This condition is like some research results that state that there are obstacles to the busyness of caring for many patients and many reports or other tasks that must be completed as reasons for obstacles in not being able to carry out EBNP.

Providing mentoring to nurses related to EBNP and support for finding evidence, fostering journal clubs, and the willingness of nurses to try new approaches based on the best evidence are some activities that foster an EBNP culture.

Time constraints and lack of knowledge and skills about EBP are the main barriers for nurses to adopt EBP. This is similar to the results of a study in Oman which showed that insufficient time and resources were the main barriers to using EBP among nurses in Oman (Al-Busaidi et.al., 2019).

In addition, barriers to implementing EBP include the enormous burden of responsibilities that a nurse must attend to on a daily basis, and the highly demanding health care facility environment that takes up a large portion of a nurse's time (Shifaza et al., 2014). This can make it more difficult to incorporate EBP into clinical practice. In addition, most nursing practices are more tradition-based than evidence-based, which can result in increased workload (Shifaza et al., 2014).

### **Implementation of EBNP**

Nurses at Dr. R Sosodoro Djatikoesoemo Bojonegoro Hospital have implemented several stages of Evidence-based nursing Practice activities. Some nurses have attended the EBNP workshop organized by the Nursing Department of the Surabaya Ministry of Health Polytechnic in the context of Community Service. This is the first step in developing the spirit of searching. So that 76% of nurses have implemented the next stage, namely compiling questions and identifying topics in PICO format. However, 70% of nurses still find it difficult to determine the existence of problems that are the topics of EBNP activities.

The next stage that has been implemented is to search for the best literature or evidence, and more than half (66%) have difficulty searching for articles related to EBNP. So the next step, namely

criticizing the best evidence, was not carried out by the majority (76%) of nurses and only 26% criticized the best evidence articles. So the next step was hampered and not carried out by nurses. This is in accordance with research conducted by Sandofa, Rudini, & Fitri, (2016) which showed that nurses were unable to critically assess a scientific work due to lack of knowledge. These findings are like the results of Kennedy, et.al. (2020) which stated that there were inadequate staff skills to interpret, critically assess, and/or evaluate literature (41.2%; n = 72); there were no adequate staff skills to apply research findings to service activities (37%; n = 64).

Mellynk and Fineout (2010) divided the 7 Stages of EBNP Implementation, namely: step 0 is to foster a spirit of searching; step 1 is to formulate questions in PICO format; step 2 is to search for the best evidence; step 3 is to conduct a critical review of articles or evidence obtained; step 4 is to Integrate the evidence with clinical expertise and patient preferences and values; step 5 is to Evaluate the results of practice decisions or changes based on evidence; step 6: Disseminate EBP results.

Although the results of the study illustrate that almost all nurses have a positive attitude and intention to support the implementation of EBNP and understand its benefits, some nurses at Dr. R. Sosodoro Hospital have not completed all stages of EBNP. This is due to the complexity of the stages of implementing EBNP in practice (Sindi et.al., 2017). This is supported by the results of a survey by Pitsillidou et.al (2021) which showed that 72.1% of nurses had not tried to implement EBP due to factors that inhibit the implementation of EBNP which may be related to the readiness of nurses or organizations to implement it, and include awareness of the need for knowledge-based information, access to resources, and cultural organizations that support EBP and the time required for its implementation (Pitsilidu, et.al., 2021).

Implementing EBNP is a complex process that requires changes in the behavior of health care professionals and changes throughout the nursing care system. However, its implementation has been recognized and proven to improve the quality of care and reduce hospital costs.

## CONCLUSION AND RECOMMENDATION

Based on the research results, the following conclusions can be drawn:

1. Nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital mostly have attitudes, intentions and subjective norms that state that they agree that EBNP must be implemented, agree to form an EBNP team and agree that there needs to be a mentor/guidance in implementing EBNP.
2. Nurses at R SUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro have only partially implemented EBNP. The implementation of EBNP is only at the stage of formulating clinical questions (topics), searching for evidence and conducting critical assessments of articles. The next stage that has not been implemented is implementing evidence and conducting evaluation and dissemination.
3. Nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital stated that there was support from the Hospital for the implementation of EBNP, including the availability of wifi or computers, the availability of accessible journals, having attended EBNP training, and management support. Obstacles in the implementation of EBNP include the absence of library facilities or reading rooms that provide journal subscriptions related to EBNP by 86 %, the absence of an obligation to implement EBNP by 66%, the large number of patients and non-care tasks so that EBNP cannot be implemented.



4. There is no relationship between the factors of attitude, intention, subjective norm of nurses in the implementation of EBNP at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital ( $p=0.612 > \alpha =0.05$ ). More than half (66%) of nurses stated their attitude of agreeing to implement EBNP, almost all (96%) of nurses have the intention and most nurses have subjective norms agreeing to EBNP (80%), but more than half (62.5%) did not implement it.

It is recommended to

1. The management of R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital provides support and mentoring to nurses to implement EBNP by including policies on EBNP in the vision and creating policies on the obligation to implement EBNP for specialist nurses, providing library facilities to be used in managing collections of creative works that are useful for users.
2. The Surabaya Ministry of Health Polytechnic continues to collaborate and provide guidance/mentoring to nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Regional Hospital in implementing EBNP.

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