

Perceptions and self-perceived knowledge of evidence-based health care amongst registered nurses and midwives in rural areas of the Western Cape

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Background

Although the term evidence-based nursing (EBN) has been used since the year 2000, uptake of EBN in practice has been slow. Studies have shown that nurses do believe that EBN is essential to improve patient care. In South Africa, there is a lack of EBN training initiatives, a paucity of published reports on the topic and a need to assess baseline EBN knowledge and attitudes.

Aim

We therefore aimed to describe registered nurses (RNs) and midwives' perceptions and self-perceived knowledge of evidence-based health care (EBHC) in a rural district in the Western Cape, South Africa.

Methods

We conducted a cross-sectional survey among RNs and midwives working in rural hospitals or clinics in the Cape Winelands. We used purposive sampling methods and obtained ethics approval (S13/09/163). We developed a pre-piloted, self-administered, paper-based questionnaire, which was available in English and Afrikaans. Section 1 of the questionnaire focused on demographic data and basic understanding of EBHC, while section 2 explored the self-perceived confidence in implementing EBHC with the validated EPIC scale, attitudes towards EBHC with Likert-scale questions, and barriers in implementing EBHC with open-ended questions.

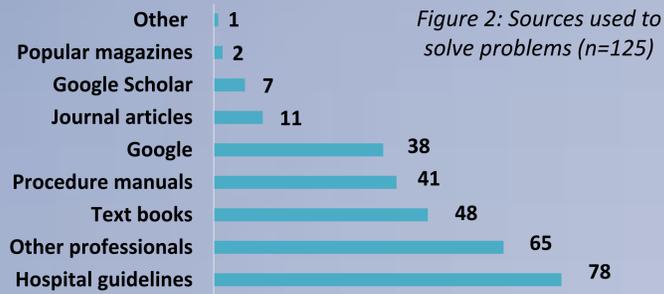
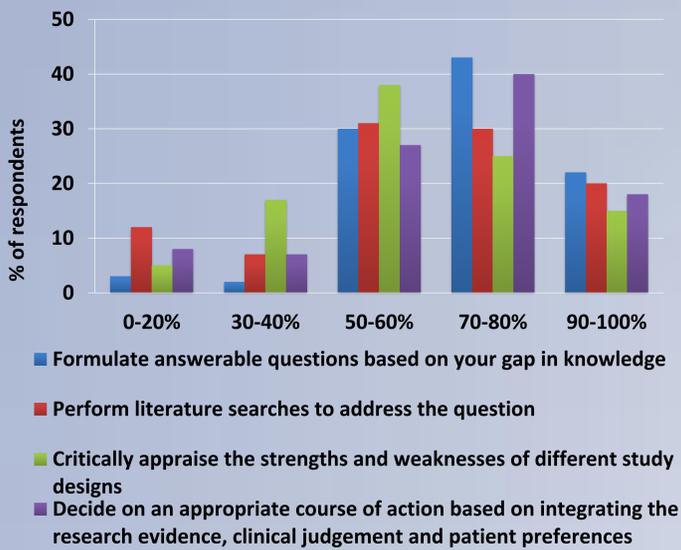


Figure 3: Self-perceived confidence in EBHC skills (n=60)



Results

We approached 240 RNs and midwives from two provincial hospitals and one community health centre. The overall response rate was 52% (125/240). Characteristics of respondents are summarised in Table 1. Most RNs (65%) had heard of the term "evidence-based health care", while 56% said that they knew the meaning of the term. When asked to describe what EBHC meant, responses varied and some respondents had misperceptions about EBHC (Figure 1). When asked about finding answers to questions, 90% of RNs said that they generally found reliable answers to their questions. Most of the RNs used hospital guidelines or other health professionals to answer their questions (Figure 2).

Sixty RNs responded to Section 2 of the questionnaire, which was directed at RNs who had previously been exposed to EBHC training. RNs had a high level of self-perceived confidence in their EBHC skills (Figure 3). EBHC attitudes were generally positive, but answers to questions were not always consistent (Figure 4) and self-assessment of EBHC behaviour showed that RNs did engage in some EBHC activities, although it seemed to be irregular (Figure 5). Respondents identified various barriers, including lack of internet access, resistance to change, lack of mentors, lack of EBHC knowledge and skills, lack of motivation and availability of resources (Figure 6).

Limitations

The survey was a self-administered questionnaire, which is subject to personal bias and the respondents' ability to self-assess their skills. An objective competency test can determine actual EBHC knowledge and skills. We surveyed fewer RNs than expected, as we were not granted access to RNs and midwives working in the second community health centre in the area as well as the private hospitals due to a large number of on-going research projects at these institutions.

Conclusions

RNs and midwives perceived their level of EBHC knowledge to be high. We found that RNs had some misperceptions about EBHC, mainly related to the belief that EBHC referred to doing research and that EBHC was equal to research utilisation. Engagement in EBHC behaviour was irregular. There is a need for EBHC training for nurses at all levels, starting with undergraduate nurses. There is also a need for formal EBHC courses for RNs as well as informal training and role modelling in the clinical setting.

Figure 5: EBHC behaviour (n=81)



Figure 6: Barriers to implementing EBHC - Selected quotes from open-ended questions

"Old nurses are not interested in learning new methods"

"Mentoring is needed to demonstrate how to critically appraise studies and what evidence to use and what not to use"

Figure 1: Word cloud showing respondents' definitions of EBHC



Figure 4: EBHC attitude (n=81)

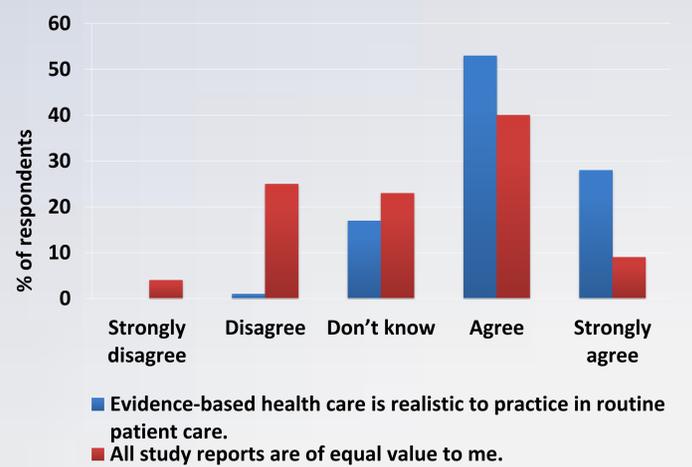


Table 1: Characteristics of respondents

Characteristic	n (%)	
Age (years)	21-30	22 (18)
	31-40	38 (31)
	41-50	49 (40)
	51-60	13 (11)
	> 60	7 (6)
Experience (years)	<1	7 (6)
	1-5	34 (27)
	6-10	22 (18)
	11-15	12 (10)
	16-20	14 (11)
	> 20	36 (29)
Work sector	State hospital	109 (88)
	State community health care centre	15 (12)
Qualifications	Diploma bridging course	37 (30)
	Diploma nursing	62 (50)
Post graduate qualification	Degree	26 (21)
	Certificate	72 (58)
	Diploma	111 (88)
	Advance diploma	1 (1)
	Master's degree	1 (1)