The effect of a multifaceted evidence-based practice programme for nurses on knowledge, skills, attitudes, and perceived barriers: A cohort study

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To facilitate implementation in practice, participants as well as lecturers were in regular contact with their manager and head nurse. Each programme concluded with a symposium (approximately 60 attendants per session) during which participants presented their EBP case results to colleagues. Subsequently, a written version of the case results (factsheet) was published on the hospital's intranet.

2.3. Participants and Procedure

All nurses at the hospital were invited to participate in the programme. Participation was contingent upon professional motivation and approval by their head. Over a period of five years (2011–2015), a total number of 58 nurses in nine cohorts (four to eight participants per cohort) followed the programme. After registration into the programme, nurses were informed about the study by e-mail. This information was reiterated by RK prior to the first educational session. Subsequently, participants received and filled out the printed questionnaires (baseline assessment). All filled out the three questionnaires (baseline assessment). Basic demographic information (sex, age, work experience, educational level) was aggregated at baseline. At the end of the programme, participants were once again asked to fill out the same three questionnaires (follow-up assessment). The assessments were supervised and participants had a maximum of 60 min to complete all questionnaires. After that, the first educational session started.

2.4. Ethical Considerations

The programme was commissioned by the Martini Hospital. The study was approved by the board of directors of the hospital and the hospital ethical committee. The study was designed by researchers who were involved in the development and teaching of the programme. During recruitment and prior to the first session, each and every participant was informed about the research design and goal. All participants gave their consent to join the research study. Participants could withdraw their participation at any time. Participation was voluntary whereby completing the questionnaires was neither rewarded nor a requirement for entering the programme. All questionnaires were anonymised by an independent co-worker. Participants did not receive feedback on their individual scores.

2.5. Questionnaires

2.5.1. Knowledge and Skills

Knowledge and skills in EBP were measured with the Dutch Modified Fresno test (DMF; Spek et al., 2012; Cronbach’s alpha = 0.83), a translated and validated version of the Fresno test (Ramos et al., 2003). The DMF, constructed to test knowledge and skills of speech therapists, was modified for nurses, i.e., a change in phraseology and case description, however, the test in itself was not modified. The DMF contains open answer, yes/no, and multiple-choice questions and must be completed within 40 min. Participants need to formulate PICO questions, describe search strategies, describe aspects and critically appraise articles, and calculate and define diagnostic and therapeutic outcome measures. The DMF employs a standardized rating system with a maximum score of 220 points.

2.5.2. Self-perceived Knowledge and Attitudes

Attitudes of nurses towards EBP were measured by the two subscales of the validated Dutch version of the McColl questionnaire (Knops et al., 2009; McColl et al., 1998): ‘general attitudes’ (seven questions on a 0–100 scale) and ‘self-perceived knowledge’ (ten closed questions with four options including two dummy variables, i.e., ‘absolute treatment increase’ and ‘dosage change’, to indicate possible social desirable answering).

2.5.3. Barriers

Perceived barriers were measured by the Dutch version of the BARRIER scale (Funk et al., 1991; Knops et al., 2009). Twenty-nine items assessed EBP implementation barriers on a five-point scale ranging from 1 (no extent) to 4 (to a great extent) and 5 (no opinion). One question rates the three largest perceived barriers. In accordance with Funk et al. (1991), four subscales (six to eight items each) were calculated: Nurse subscale (nurse’s research values, skills, and awareness); Setting subscale (setting barriers and limitations); Research subscale (qualities of the research); and the Presentation subscale (presentation and accessibility of the research).
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