ORIGINAL ARTICLE

# Assessing Nurses Problems in Pursuing Higher Education, Implementing Evidence Based Practice and Patient Care Delivery

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## ABSTRACT

**Aim:** To assess problems of nurses related to higher education, evidence-based practice and patient care delivery.
**Study design:** Cross-Sectional survey.
**Place and duration of study:** Department of Nursing. UHS Lahore from 1st June 2019 to 31st December 2019.
**Methodology:** Two hundred and thirteen nurses working in selected hospitals were enrolled. A self-structured questionnaire comprising of 21 questions was used for collection of data.
**Results:** HE1, HE2, HE3 and HE4 statement had higher mean score, and the EBP1 and EBP6 statements had higher mean score. PCD6 statement had lower mean score as compared to remaining statements.
**Conclusion:** Nurses were facing problems in pursuing higher education by not giving chance for higher education and due to unavailability of financial support. For implementing of evidence-based practices nursing professionals were not supportive and patient care delivery was affecting due to workload and inappropriate allocation of working units.
**Keywords:** Nurses, Problems, Higher education, Evidence based practice, Patient care delivery

## INTRODUCTION

Patient's care is dependent on nurses' education & practices. "Higher the nurses' education, better the nurses 'practices and patients' care", Degree qualified nurses demonstrate better critical thinking skills as compared to their peers with diploma. The health care agencies that employ nurses with baccalaureate degree tend to have lower mortality rates and have shown better outcomes of care. Similarly, diploma nurses are not much aware of Evidence Based Practice (EBP) compared to bachelor nurses. Nurses with baccalaureate degree are more determent to implement EBP.[1]

In order to meet holistic patients' health care demand according to international standard, nurses around the globe are progressively trying to connect with the universal standard of nursing care and education, the baccalaureate degree is becoming the new standard requirement for nurses[2].

Nursing education in Pakistan is also in the phase of revolution since a decade, baccalaureate degree in nursing is now entry requirement for service[3].

But unfortunately, the ambitious nurses who endeavor to enhance quality of nursing education are curbed by poor nursing picture and lack of support from administrative bodies.[4] As well as they have to devote extra time in health care busy schedule of the unit due to shortage of staff that's why they are left ignore for education[5]. Furthermore, lack of funding from government or employers, rapid increase in technology, family responsibilities and lack of motivation may create hindrance in getting higher education[6].

Since, nurse's knowledge and competencies are core factors in sustaining patients care quality. Therefore, the nurses must be provided with opportunities of improving their educational standard for providing quality care[7].

These challenges require attention at individual, institutional and government level because physical and psychological dimensions of care are mediated by competent and skilled nurses[8].

Patient care delivery is the model of care in which skill mix care is delivered to a group of patients on various aspects to meet with their needs holistically. For effective delivery with proper staff distribution to improve care quality, safety, and patient satisfaction[9].

Looking into the context of patient care delivery, cultural barriers like language, different beliefs, and poor health seeking behaviors create hindrance in patient care delivery. Furthermore,

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diversity of healthcare industry, workplace violence and communication barriers impact the patient care delivery.[10] Meanwhile, unavailability of comprehensive patient centered care plan and shortage of qualified nurses and other human resource further deteriorate whole process of patient care delivery.[11] Communication gap among health care professionals also impacts delivery of quality care as well[12].

Evidence Based Practice is "a problem-solving approach to clinical decision making that integrates a pursuit for the best making and up-to-date suggestion, scientific proficiency and assessment, and patient preference standards within a framework of caring" used to enhance patient outcomes, advance clinical practice, and confirm accountability in nursing[13].

For implementation of EBP, organizational policies, medical dominance, lack of research culture & lack of support from peer and nurse managers prohibited nurses to practice evidence-based guidelines. Moreover, lack of human, material and fiscal resources and lack of educational facilities may also contribute to low level of execution of EBP.[14] However, nurses with higher education have a tendency in implementing EBP and readiness to change that resultantly effect on patient care delivery[15].

Literature has displayed that nurses' practices and patients care are closely associated with nurses' education. Nurses with higher qualifications are more inquisitors in their area of practice as they demonstrate better practices as compared to their diploma colleges. Furthermore, to strengthen nursing education funds should be allocated at national and international level, if we want to improve health care outcomes, we have to take step to improve nurses' education and practices[16].

Every individual is a unique person with sets of needs and care that is offered by qualified and competent skilled nurses which is accomplished by proposed comprehensive care plan that is the fundamental right of every patient[17].

The aim of the study was to assess problems of nurses related to higher education, evidence-based practice and patient care delivery.

## MATERIALS AND METHODS

This cross-sectional survey was conducted at Department of Nursing University of Health Sciences Lahore from 1st June 2019 to 31st December 2019 Head nurses who were willing to participate, having two years or above working experience and age 25-59 years were included. Nurses who worked abroad for more than two years, Master of Science in nursing degree, working in

critical care units (ICU& CCUs, Trauma and medical emergency units) were excluded.

A self-structured questionnaire comprising of 21 questions was used for collection of data. Questionnaire was developed after critical review of literature and discussion with master and PhD expert nurses. Questionnaire comprised of two-parts, Part -1 demographic file, Part-2 Questions assessing the nurse's problems in pursuing higher education, evidence-based practice, and patient care delivery. Likert scale five-point scale was used to determine the responses. (Agree, strongly agree, neutral, disagree, strongly disagree). This tool was tested for content and face validity by experts. The questionnaire was given to different experts for their feedback on content, setup, and order. The validated questionnaire was then piloted to ten nurses that were not the part of sample and asked to complete the questionnaire. Reliability of the tool is computed by using Cronbach' Alpha that was 0.78. After analysis, data was presented in the form of tables, frequencies, percentages. Frequencies were used for categorical were variables.

## RESULTS

Thirty (14.1%) were belongs to age 25–35 years, 42(19.7%) participants were belonging to 36 to 45 years, and 115 (54%) participants belongs to 46-55 year age groups, and 26(12.2%) participants were above 55 year of age group. 98(46.0%) participants had diploma in nursing, 65(30.5%) had specialization. Twelve (5.6%) participants had experience less than ten years, forty-two (19.7%) participants had 11 to 20 years' experience and 159 (74.6%) participants had experience more than twenty years. Table 1 showed that question one and question three indicated that Likert scale started form 1= Strongly Disagree which showed

as "Extreme Barrier Existed" to 5= Strongly Agree as "No Barrier Existed". But in relation to question 2,4,5,6,7,8 indicated that Likert scale started from 5=Strongly agree showed as "Extreme Barrier Existed "to 1= Strongly Disagree as "No Barrier Existed "Therefore, higher the mean score indicates the higher the barrier. Results showed that the HE1, HE2, HE3 and HE4 statement had higher mean score as compared to remaining statements.

Table 2 showed the question 1, 3, 4, 5, 6 three indicated that Likert scale started form 1= Strongly Disagree which showed as "Extreme Barrier Existed" to 5= Strongly Agree as "No Barrier Existed". But in relation to question 2 indicated that Likert scale started from 5=Strongly agree showed as "Extreme Barrier Existed" to 1= Strongly Disagree as "No Barrier Existed "Therefore, higher the mean score indicates the higher the barrier. Results showed that the EBP1 and EBP6 statements had higher mean score as compared to remaining statements

Table 3 interpretation the question one indicated that Likert scale started form 1= Strongly Disagree which showed as "Extreme Barrier Existed" to 5= Strongly Agree as "No Barrier Existed". But in relation to question 2,3,4,5,6,7 indicated that Likert scale started from 5=Strongly agree showed as "Extreme Barrier Existed" to 1= Strongly Disagree as "No Barrier Existed "Therefore, higher the mean score indicates the higher the barrier. Results showed that the PCD6 statement had lower mean score as compared to remaining statements. One-way ANOVA was performed to compare the mean barrier scores among HE, EBP and PCD domains. Results indicated that the mean barrier score of HE and PCD domains was significantly higher than mean score of EBP domain. However, significantly difference was also observed between HE and PCD domain barrier scores.

Table 1: Mean score and distribution of responses related to higher education

| Questions | Response | | | | |
|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| You are provided with a chance of higher education | 2 (.9%) | 1 (.5%) | 5 (2.3%) | 4 (1.9%) | 201 (94.4%) |
| Unavailability of financial support from organization prevent you to enhance your education | 171 (80.3%) | 32 (15.0%) | 5 (2.3%) | 4 (1.9%) | 1 (.5%) |
| You are provided with flexible schedule for pursuing higher education | 9 (4.2%) | 8 (3.8%) | 39 (18.3%) | 42 (19.7%) | 115 (54.0%) |
| Increasing cost of education prevent you to enroll in higher education programs | 154(72.3%) | 41 (19.2%) | 18 (8.5%) | - | - |
| Your family responsibilities prevent you to get higher education | 104 (48.8%) | 60 (28.2%) | 30 (14.1%) | 12 (5.6%) | 7 (3.3%) |
| Your health creates any hindrance in getting higher education | 61 (28.6%) | 84 (39.4%) | 42 (19.7%) | 19 (8.9%) | 7 (3.3%) |
| You have lack of interest in getting higher education | 97 (45.5%) | 42 (19.7%) | 16 (7.5%) | 42 (19.7%) | 16 (7.5%) |
| Aging creates any hindrance in getting higher education | 91 (42.7%) | 60 (28.2%) | 31 (14.6%) | 20 (9.4%) | 11 (5.2%) |

Table 2: Mean score and distribution of responses related to evidence based practice

| Questions | Response | | | | |
|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Nurses are allowed to demonstrate independent behavior for evidence-based practices | 1 .5%) | 6 (2.8%) | 56 (26.3%) | 85 (39.9%) | 65 (30.5%) |
| There is dichotomy between theory and practice. | 30 (14.1%) | 52 (24.4%) | 24 (11.3%) | 77 (36.2%) | 30 (14.1%) |
| Facilities are available for the implementation of theory into practice | 34 (16.0%) | 62 (29.1%) | 53 (24.9%) | 28 (13.1%) | 36 (16.9%) |
| The members of health care team are supportive in implementing theoretical knowledge into practice | 48 (22.6%) | 27 (12.7%) | 66 (31.0%) | 12 (5.6%) | 60 (28.2%) |
| The nursing professionals support EBP | 36 (16.9%) | 21 (9.9%) | 81 (38.0%) | 7 (3.3%) | 67 (31.5%) |

Table 3: Mean score and distribution of responses related to patient care delivery

| Questions | Response | | | | |
|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Nurses are provided with comprehensive assessment plan of patients | 4 (1.9%) | 14 (6.6%) | 9 (4.2%) | 103 (48.4%) | 82 (38.5%) |
| Inappropriate allocation of working units' effects appropriate delivery of care | 121 (56.8 | 83 (39.0%) | 9 (4.2%) | | - |
| Cultural practices (patients customs & traditions, values & belief) effect delivery of care | 37 (17.4% | 171 (80.3%) | 5 (2.3%) | - | - |
| Workload impacts on patient care delivery. | 112 (52.6%) | 93 (43.7%) | 8 (3.8%) | - | - |
| Workplace violence hampers effective patients care | 94 (44.1%) | 116 (54.5%) | 3 (1.4%) | - | - |
| Communication barriers cause hindrance in delivery of quality care | 38 (17.8%) | 73 (34.3%) | 28 (13.1%) | 55 (25.8%) | 19 (8.9%) |
| Extra time consumed on protocol patients breaks the continuity of care of other patients | 69 (32.4%) | 100 (46.9%) | 16 (7.5%) | 21 (9.9%) | 7 (3.3%) |

## DISCUSSION

Worldwide, nurses are the backbone of healthcare system. Increasing the complexity of health care system higher education is the basic necessity of quality of any health care industry.[18] Despite of crucial role in health care system nurses are facing challenges in enduring their education and in patient care delivery system.[19] In our study, related to higher education nurses were facing organizational and personal barriers. In organizational barriers 94.4% of nurses were not given chances of higher education as 95% of nurses were facing financial barriers and scheduling issues to continue their higher education. In personal barriers 76% nurses reported that they cannot continue after diploma education due to financial issues and family responsibilities. As well as aging process and lack of interest due to busy schedule of work and huge family responsibilities cause hindrance in continuing higher education. A study reported that the nurses are not provided flexible schedule to continue their higher education. Armstrong and Rispel[20] reported that 53% of nurses are not getting support from the organization for career advances and looked overwhelmed in busy schedules of units with lack of resources and opportunities. In addition, pursuing higher education without funding and support create lack of interest.[21]

If we look on evidence-based practices organizational and educational factors impacts evidence-based practices. In organizational factors our study reported that 69% of nurses were not allowed to demonstrate independent behavior and 45% of nurses reported that adequate facilities were not provided to implementation of theory into practice as well as 68% of nurses reported that nursing managers and other health care professional does not entail nurses for research culture in the hospital. 38% nurses were neutral they were not giving remarks against administration that will impact their job either not positive that were not meeting the facilities. In addition, Post RN degree holders were aware and demonstrating interest and need in implementing evidence-based practice to enhance patient care practices post-graduation and post basic specialization nurses were moderate barriers and challenges in implementing evidence-based practices. In educational factors diploma level nurses were less aware of evidence-based practice and were facing barriers and dichotomous between theory and practice. Literature reported that post RN degree holder play a pivotal role in implementing evidence based practice and the results of the study are comparable with that evidence-based practice enhances positive outcome in comparison the diploma level that were not confident in implementing evidence-based practice[21].

## CONCLUSION

Nurses working in largest public tertiary care hospitals encountered with versatile problems related to continuing higher education, evidence-based practice, and patient care delivery. Restricted number of nurses given chance to avail higher education as well as majority of nurses cannot continue their education due to unavailability of financial support from organization and furthermore increasing cost of education prevent nurses from higher education. Nurses were less empowered to demonstrate independent behavior for evidence-based practices as well as nursing professionals was not supportive in implementing EBP. The patient care delivery was also affecting by workload burden and inappropriate allocation of working units to the nurses.

**Conflict of interest:** Nil

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