Knowledge, attitudes, confidence, and behavior related to evidence-based practice among healthcare professionals working in primary healthcare in Norway. A cross-sectional survey

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Implementing Evidence-based practice (EBP) may be:

- A slow process.
- Hindered by barriers (i.e., organizational-, cultural- or clinician-related).

Measuring clinician related EBP factors may:

Increase understanding of EBP *knowledge, attitudes, behavior, and self-efficacy* in healthcare professionals.
- Basis of developing strategies for implementing evidence-based healthcare.
- Increase the chance of successful implementation of EBP.
Aims of study

1. To map EBP knowledge, attitudes, behavior, and self-efficacy in different healthcare professionals working with older people in primary care in Norway using the evidence-based practice profile (EBP2) questionnaire.

2. Examine the associations between background variables like level of education, EBP-training, professional training, and the scores on the different EBP domains.
Methods

Design: Cross-sectional study.
Method: Online survey: EBP2 Questionnaire.
Sample: Physical therapists, occupational therapists, nurses, assistant nurses, and medical doctors.
Recruitment: Snowball sampling.
Methods: EBP2 questionnaire and domains

- **Relevance** (attitudes)
  - Value, emphasis, and importance placed on EBP

- **Terminology** (knowledge)
  - Understanding of common research terms

- **Confidence** (self-efficacy)
  - Individual’s perception of their EBP skills

- **Practice** (behavior)
  - Use of EBP in clinical practice

- **Sympathy**
  - Compatibility of EBP with professional work
**Respondents:** 313.

**Type of participants:** Physical therapists (n=64), Occupational therapists (n=38), nurses (n=119), assistant nurses (n=74), medical doctors (n=3), others (n=15).

**Level of education:**
- Bachelor’s (23.9%), Bachelor’s (63.9%), Master’s (11.8%).

**EBP training:**
- Yes (41%), No (59%).
**Results: Relevance (attitudes)**

**Total sample score:**
The highest score relative to other domains; 58.9 (14 - 70). Standardized score (0 – 100) = 80.2.

**Differences:** Highest scores among PTs.

**Associations:** “EBP-training (yes)” and “level of education (> bachelor degree)” $\leftrightarrow$ Higher relevance score.
Results: Terminology (knowledge)

Total sample score:
Standardized score = 40.5 (relevance= 80.2).

Differences:
Largest differences of all domains. Highest scores among PTs. Lowest scores among Assistant nurses.

Associations:
“EBP training” and “level of education (> bachelor degree)” ↔ Higher score on terminology.
Results: Confidence (self-efficacy)

Total sample score:
Standardized score = 45.8 (relevance = 80.2).

Differences: No significant differences in scores between disciplines.

Associations:
“EBP training (yes)” $\leftrightarrow$ Higher confidence score.
“Years since education (>5 years)” $\leftrightarrow$ Lower confidence score.
Results: Practice (behavior)

Total sample score:
The lowest score relative to other domains.
Standardized score = 36.5 (relevance= 80.2).

Differences: Only significant difference between PTs and assistant nurses.

Associations:
“Level of education (> bachelor degree)” $\leftrightarrow$ Higher practice score.
Limitations

Cross-sectional study design:
No causality. “EBP training” leads to is associated with better EBP attitudes, knowledge or confidence score.

Sampling bias: The participants in the study a selected part of primary healthcare workers.

Measurement bias: May occur both in domain items and background variables (self-reported questionnaire).
Conclusions and implications

Conclusion:
• Positive attitudes! Lower degree of self-efficacy, knowledge, and EBP practice.
• Differences between disciplines exist.
• EBP training associated with knowledge about research, attitudes, confidence

Implications:
• Moore focus on EBP training in the Norwegian primary healthcare?
• How to handle differences between disciplines?
• Why the low scores on EBP practice?