The Impact Of Nursing Intentions On The Implementation Of Evidence-Based Nursing Practice

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Abstract. EBNP is crucial for achieving patient outcomes, avoiding inappropriate or un-needed interventions, and minimizing or avoiding problems brought on by care and therapy. The study's goal was to investigate the impact of nurses' intentions on the adoption of evidence-based nursing practice. Cross-sectional research with an analytical approach was conducted. Nurse at RSUD Dr. R. Sosodoro Djatik-oesoemo Bojonegoro was the population. 50 individuals made up the total number of subjects. Nurse intentions were the independent variable. Implementing EBNP was the dependent variable. A questionnaire was employed as the research tool. Using the Pearson correlation test to analyze data. The results indicated that nearly all nurses (48 out of 98%) intended to apply EBNP. There were only 42% of nurses that implemented the EBNP. There was no correlation between nurses' intentions and EBNP implementation. A large majority of nurses (96%) had the intention to use EBNP, but only a small number (41.7%) actually performed it. A tiny percentage of nurses (4%) lacked the purpose, however some of them executed EBNP (50%). Intention acts as a barometer for action implementation since it shows behavioral readiness to carry out an action. Giving advice and help is crucial while implementing EBNP in the nursing services at RSUD. Nearly all nurses reported a willingness to use and offer patients evidence-based therapies. They desired to establish teams and launch EBNP projects while receiving coaching and mentoring.

Keywords: Nurse, Intention, Implementiation, Evidence-Based Nursing.

1   Introduction

Nursing services are a subset of health services, and nurses play a crucial part in all aspects of patient care and treatment. Critical thinking, judgment, and clinical decision-making skills are necessary for nurses. The provision of safe nursing care is determined by nurses since they have the closest and most frequent contact with patients [18].

Patient assessment and evaluation are ongoing processes in nursing care. The Evidence Based Practice of Nursing (EBPN) approach is required as a profession in the

healthcare industry in order to expand the role of nurses in nursing care services and enhance secure patient outcomes. The process of gathering, analysing, and implementing data is known as evidence-based nursing practice (EBNP) in the nursing field. The use of EBNP in nursing clinical practice is helpful in providing the highest quality and most efficient patient care possible. So care based on the EBNP approach has been proven to be able to improve the quality of patient safety and improve the outcomes of nursing care.

Nursing care begins at the assessment stage when the nurse first meets the client. Next, the nursing diagnosis is enforced, which is an important part of nursing. The next stage is nursing intervention. Choosing the right nursing intervention really helps overcome client problems. One way is to use the EBNP approach in nursing. However, most nurses do not have the ability and habit of using EBNP in providing client nursing care services [3][8][9][12][14][24][25][26].

The research results of Irmayanti dan Rahmayanti reported a lack of understanding by nurses regarding Evidence Based Nursing Practice (EBNP) due to 1) Not having been exposed to the EBNP concept; 2) Have been exposed to information about the EBNP concept but have not yet maximized it; 3) There is no training related to EBNP; 4) High workload where there is a lack of staff, lots of patients but little time, busyness, and so on become obstacles in implementing EBNP [9][18][23].

The aim of EBNP is to enhance healthcare quality, prioritize patient safety, and ultimately contribute to reducing hospital costs. EBNP is essential to achieve patient outcomes, avoid unnecessary or inappropriate interventions, and reduce/avoid complications resulting from care and treatment [8][9][12][14].

Therefore it is important to examine the intentions of nurses in implementing EBNP in hospitals. Knowing these factors can provide input for the readiness of implementing EBNP properly. R. Sosodoro Djatikoesoemo Bojonegoro. The aim of the research is to identify the influence of nurses' intention factors on the implementation of EBNP at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro.

2   Method

There were 166 participants in the study, all of them were nurses at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro. According to the inclusion criteria, the research sample consisted of the nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro Indonesia; 1) Nursing manager was one of the sample inclusion requirements; 2) Nursing staff who held the title of expert nurse; 4) Executive nurses who had worked for more than a year and have been a primary nurse (PP) or team leader. According to the research objectives, 50 nurses were needed as participants. To get at this number, Lemeshow and David (1997) used a computation of 166 nurses with a 10% proportion and a =0.05 random selection.

Nurse intentions of EBNP were the research's independent variable. The implementation of EBNP was the research's dependent variable. Research was being conducted at RSUD Dr.R. Sosodoro Djatikoesoemo Bojonegoro. The hospital director's permission was sought before doing the ethical analysis and gathering the data. From June to

November 2022, data collection took place in the inpatient unit. After receiving consent and ethical approval, data collection by way of distribution of questionnaires continued. Research tools utilize questionnaires on implementation determinants for evidence-based nursing practice and implementation of evidence-based nursing practice.

Analysis of data utilized person correlation with a 95% confidence rate. Ethical Clearance obtained from the Ethics Commission of RSUD Dr. R. Sosodoro Djatik-oesoemo Bojonegoro with ethics results based on the SK of the Director of the RSUD, Dr.R. Sosodoros Djatkoesoemo Bojonegoro No. 445/385/412.202.38/SK/2022 dated September 6, 2022

3   Results

3.1   Characterictic

Table 1 presents the demographic characteristics of nurses at RSUD Dr. R Sosodoro Djatikoesoemo Bojonegoro. The majority nurses were aged 41-50 years, with 27 people (54%). Most of the nurses were female, totaling 32 people (64%). The educational background of the nurses (46%) were primarily Ners (Nursing). The majority of nurses have work experience of 16-26 years, totaling 24 people (48%). The most functional positions of nurses at RSUD Dr. R Sosodoro Djatikoesoemo Bojonegoro in the community service participants was Supervising Nurse with 32%.).

3.2   Intentions of Nurses to implement EBNP at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro

Table 2 displays the Nurses' intentions towards implementing EBNP. The research resulted that nearly all of the nurses at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro (98%) had the intention to implement EBNP. Information about the nurses' plans to implement evidence-based nursing practic-es at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro were provided in Table 2. all nurses (100%) indicate a desire for mentors or guidance.

Table 1. Demographic characteristics of nurses

Variabel	Participants (n=50)	
Age (years)	**f**	**%**
21 - 30	4	8
31 - 40	11	22
41 - 50	27	54
50 - 60	8	16
Gender		
Male	18	36
Female	32	64

Variabel	Participants (n=50)	
Educational attaintment		
Diploma	10	20
Bachelor	14	28
Nurse/ Midwifery	23	46
Master	3	6
Length of nursing serice (Years)		
`<5	2	4
5-15	17	34
16-26	24	48
27-37	7	14
functional position of nurse		
Skilled Nurse	5	10
supervising nurse	16	32
first expert nurse	1	2
young expert nurse	9	18
intermediate expert nurse/midwife	10	20
other professions/management	9	18

Table 2. Nurses' intentions towards implementing EBNP

Variable	Participants (n=50)	
Intentions of Nurses	f	%
nurses who have the intention of implementing EBNP	48	96
nurses who have no intention of implementing EBNP	2	4
components of nurses' intention to implement EBNP		
intension to implement EBNP	48	96
intension to provide EBNP-based nursing interventions	49	98
intension to form an EBNP team	47	94
initiate EBNP project trials	47	94
desire for mentors/guidance	50	100

3.3   Implementation of EBNP

Table 3 reveal that just 42% of nurses actually implemented the EBNP, with the remaining 58% choosing not to do so. Dr. R. Sosodoro Djatikoesoemo Bojonegoro, who

is leading the RSUD's EBNP implementation stage 38 nurses (76% of the total) asked in the EBNP's initial stage. At 46% (23 people), the second stage of EBNP in-volved purchasing through article searching. The nurses did not undertake critical evaluation of the evidence at 74% of the EBNP Ap-praising participants (37 persons). At 64% (32 persons), the majority of nurses have not implemented EBNP. Not all nurses have com-pleted the EBNP stage of assessing and disseminating results.

Table 3. Implementation EBNP

Variable	f	%
Implementation EBNP		
nurses who have implemented EBNP	21	42
nurses who do not carry out EBNP	29	58
Implementation Stage of EBNP		
Asking (ask the burning clinical question)	38	76
Acquiring (search the best evidence)	23	46
Appraising (critical appraisal the evidence for validity, reliability & applicability	13	26
Applying (integrate the evidence)	18	36
Assessing (Evaluating the change resulting from implementing the evidence in practice)	-	-
Disseminating (Share the result through conference and publications	-	-

3.4   The influence of nurses' intentions toward implementation of EBNP

According to Table 4, there was no correlation between the nurses at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro's intentions for implementing the EBNP (p=0.820>=0.05). A large majority of nurses (96%, 48) had the intention to use EBNP, but only a small number (41.7%, 20) actually did. On the other hand, a tiny percentage of nurses (4%, 2 persons) lacked the intention, however some of them performed EBNP (50%, 1 person).

Table 4. The influence of nurses' intentions toward implementation of EBNP

Intentions of Nurses	Implementation EBNP				Total	
	Implementation EBNP		not Implementation EBNP			
	f	%	f	%	f	%
nurses who have the intention of implementing EBNP	20	41.7	28	58.3	48	100
nurses who have no intention of implementing EBNP	1	50	1	50	2	100

4   Discussion

According to the study's findings, there was no correlation between the nurse's intentions at RSUD and the implementation of the EBNP. This is due to the fact that while almost all nurses aspire to implement EBNP, very few really do. Few nurses actually perform EBNP, despite the fact that almost all nurses intend to [10].

Fewer than ten nurses do EBNP, according to research findings. Numerous research have discovered a connection between the adoption of EBNP and factors including education level, EBNP attitudes, management support, information availability, and infrastructure. To meet the requirements of the EBNP implementation, competency must be increased [20].

Nurses have probably not adopted it because they lack confidence in their understanding of and capacity to carry out EBNP. The findings of the study, which re-vealed that all nurses expressed their attitudes and a need for mentoring or direction in carrying out EBNP in a practical setting, serve as evidence for this [2][6].

The circumstances described above are comparable to the findings of Kennedy et al. (2020), which claimed that there were insufficient staff skills to apply research to service activities (37%; n = 64) and that there were insufficient staff skills to analyze, conduct critical analyses, and/or evaluate literature (41.2%; n=72)[19].

At RSUD, nurses have implemented Stages 1-3 of the EBNP. Most nurses don't conduct critical assessments of the evidence, according to Dr. R. Sosodoro Djatik-oesoemo Bojonegoro's question, informational search, and assessment. The majority of nurses have not implemented EBNP, and none of the nurses have completed the assessment and result-desimanting phases. This is consistent with study conducted in Shanghai by Wang et al. that similarly demonstrates a lack of proficiency in the exe-cution of EBNP. Searching, critical analysis, and evidence synthesis skills are insuffi-cient. Nursing professionals are adept at creating clinical queries [11][13].

Kennedy et al. (2020) conducted research that showed personal interest and sup-port for the adoption of the EBNP. On the other hand, impediments were discovered among nursing professionals who felt unqualified to alter their current routine interventions [19][22].

Nearly all nurses reported a willingness to use and offer patients evidence-based therapies. They desired to establish teams and launch EBNP projects while receiving coaching and mentoring. This significant tendency is in favor of EBNP implementation. Intention acts as a gauge for action implementation since it shows behavioral readiness to carry out an action. powerful intentions lead to powerful acts, and vice versa. Kennedy et al. (2020) conducted research that showed personal interest and support for the adoption of the EBNP. On the other hand, impediments were discovered among nursing professionals who felt unqualified to alter their current routine interventions [19][22].

A person's reflection of engaging in a particular activity or conduct is known as their intention. The opinions of oneself, other people, and one's perceived behavioral control all have an impact on intentions [4][21][22][27]. The management must be committed to developing an evidence-based practice culture and incorporating it into the vision in order to implement the EBNP. Essential cultural elements include mission statements that reflect commitments to EBP and involvement expressed in nurse performance descriptions. It is essential to mentor nurses in relation to EBP. All of these studies show that management must support efforts to enhance and cultivate the implementation of EBNP in the field [7][8][10][11][16][26][28].

The tremendous amount of responsibility that a nurse must manage on a daily basis and the setting of healthcare institutions, which takes up the majority of the nurse's time, are further barriers to implementing EBP [17]. This may make implementing EBP in clinical practice more challenging. Additionally, the ma-jority of nursing practices are based on convention rather than research, which might lead to an increase in workload [17].

Uncertain nurse autonomy and the inability to apply research findings to care are two further barriers to nurse adoption of EBNP [13][15]. In study, nurses have trouble deciphering statistics or data. They require assistance with coaching, direction, and advice for implementation [17][24]. Giving advice and help is crucial when adopting EBNP in nursing services [13]. The majority of the time, nurses lack the skills and knowledge necessary to perform EBNP [1][5][7][13].

5   Conclusions

According to the study's results, there was no correlation between nurses' intentions and the adoption of evidence-based nursing practices at RSUD Dr. R. Sosodoro Djatikoesoemo Bojonegoro. Although almost all nurses intended to perform EBNP, very few actually performed it. Nearly all nurses reported awillingness to use and offer patients evidence-based therapies. They desired to establish teams and launch EBNP projects while receiving coaching and mentoring.

Nurses are supported and mentored in their implementation of the EBNP by R. Sosodoro Djatikoesoemo Bojonegoro, who is recommended to management of RSUD. In order to implement EBNP, the Surabaya Ministry of Health Poltekkes will continue to work with and mentor the nurses at Dr. R. Sosodoro Djatikoesoemo Bojonegoro.

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