



THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Taormina, 25th - 28th October 2023

#EBHC2023



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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Background: Why measure EBP?

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.

Data collection: October 2022 → June 2023.



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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



Results: Participants

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%).



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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?

