



Original Article

Examining Clinical Instructors' Understanding, Perspectives, and Implementation of Evidence-Based Practice (EBP): A Multi-Institutional Study

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ABSTRACT

The adoption of evidence-based practice in healthcare has gathered significant appreciation across disciplines, aiming to improve patient care outcomes. In nursing, the primary objective is to deliver safe and standardized care by integrating evidence-based practice into clinical decision-making. Consequently, nursing educators must equip future nurses with the skills to decrease mortality rates and enhance patients' quality of life through the utilization of the best available evidence. **Objectives:** To assess the understanding, perspectives, and implementation of evidence-based practice among clinical instructors across five nursing educational institutes. **Methods:** A descriptive cross-sectional design was employed for this study. A total of 110 clinical instructors from both public and private sector educational institutes were recruited using convenience sampling. Participants completed a structured self-administered questionnaire, and data were measured using descriptive and inferential statistics in SPSS (Version 23.0). **Results:** Clinical instructors possessing master's degrees demonstrated a good understanding of evidence-based practice steps and their application. On the other hand, no significant differences (p -value > 0.050) were received in overall perspectives towards evidence-based practice based on gender, qualification, and experience. **Conclusions:** It was concluded that clinical instructors with master's degrees demonstrated favourable perspectives and practices towards evidence-based practice. Female showed higher knowledge scores, while male excelled in perspectives and implementation.

INTRODUCTION

Evidence-based practice (EBP) has received worldwide acknowledgment from the healthcare industry in improving healthcare delivery and suggesting solutions for patients and families [1-3]. EBP is a clinical decision-making approach in which current research evidence is incorporated with healthcare provider competence, and clients' preferences [4-8]. Recently, the nursing profession has had to face technological advancement along with new emerging health conditions and diseases as a complex challenge to deal with [9, 10]. This has shifted a great responsibility to train coming nursing generations to tackle these complexities tactfully by adopting new teaching and

learning techniques and updating their knowledge [11]. Therefore, this is the need of the hour that old clinical and teaching practices should be transformed with active engagement from both educators and clinical instructors [12, 13]. The incorporation of EBP into the culture of organizations is a time-consuming task that requires active management and enough resources [14, 15]. Despite the great significance of EBP the nursing faculty faces many challenges in training and transferring EBP knowledge and skills in nursing students [16]. The research highlighted that clinical instructors play a significant role in implementing guidelines and procedural checklists to



ensure EBP application in clinical settings. Nursing faculty also play an important role in supervising students regarding EBP techniques while performing nursing care procedures [17, 18]. Nursing education plays as a cornerstone in nurturing a shift towards scientific inquiry which is necessary for navigating the complex and evolving healthcare landscape [19]. Moreover, both undergraduate and graduate nursing students are expected not only to practice EBP but also to contribute to generating new research-based knowledge [20]. Nursing instructors bear the responsibility of instilling a spirit of inquiry and critical thinking in their students, facilitating their ability to apply these skills long after graduation [4]. Overcoming the challenge of imparting skills rooted in scientific principles, rather than relying solely on traditional methods, is crucial for nursing educators [21]. EBP necessitates that nurse clinicians base their actions on clinically relevant research, rather than relying solely on traditional, experience-based approaches, prompting clinical educators to expand their teaching methodologies beyond conventional resources [12].

Despite the recognized importance of evidence-based practice (EBP) in nursing, studies indicate that many clinical instructors face challenges in fully understanding and implementing EBP due to limited training, heavy workloads, and varying levels of academic qualification. Moreover, there is a lack of comprehensive, multi-institutional research exploring how demographic factors influence instructors' knowledge, perspectives, and application of EBP in Pakistan. Addressing this gap is crucial to enhance nursing education and ensure consistent, high-quality patient care. This study aims to assess the understanding, perspectives, and implementation of EBP among clinical instructors across five nursing educational institutes. This study includes questions: What is the clinical instructor's level of understanding, perspectives, and implementation of EBP? Is there any difference between clinical instructors' demographic characteristics and the level of understanding, perspectives, and implementation of EBP?

METHODS

A descriptive cross-sectional study was conducted for 6 months from May 2024 to Oct 2024 at six nursing colleges including both public and private sectors after getting ethical Approval. This study involves a total of $n=110$ clinical instructors (CIs). Inclusion criteria were Master of Science in Nursing (MSN)/ Master of Public Health (MPH) or Bachelor of Science in Nursing (BSN)/PRN degree students, current registration with the Pakistan Nursing Council (PNC), and more than one year of clinical teaching experience. Exclusion criteria were clinical instructors on deputation/leave, and those in administrative roles not engaged in teaching. Informed consent was taken.

Convenience sampling was utilized, with a universal sample size employed, resulting in 110 nursing instructors participating in classroom, laboratory, and clinical instruction. A self-administered questionnaire contained 33 close-ended questions, adapted from McInerney and Suleman [21]. The Questionnaire had 4 sections: section "A" was about knowledge and had 08 questions, section "B" was about perspectives and had 10 questions, section "C" was about implementation and had 10 questions, and demographic characteristics had 05 questions. Modified Bloom's cut-off point was considered to set the levels for understanding, perspectives, and implementation of EBP. EBP scores were divided into three equal tertiles. The first tertile indicated a poor level of understanding and implementation for scores less than 50%. The second tertile showed a moderate level of understanding and implementation for scores between 50.01% to 79.9% and the third tertile represented a good level for scores between 80% to 100%. While for the perspectives section; scores $\leq 50\%$ were considered as under-developed perspectives whereas scores above 50% were labelled as developed perspectives [22]. SPSS version 23.0 was used for data analysis, with a significance level set at $p < 0.050$. Quantitative variables understanding, perspectives, and implementation were analyzed with descriptive statistics (mean, median, range, and standard deviation). Shapiro-Wilk Test was performed to define the normality of the sample to decide on the tests appropriate for the statistical analysis. Inferential statistics were used to find the difference between demographic and outcome variables (Understanding, Perspectives, and Implementation). It was performed on Understanding, Perspectives, Implementation, age, and experience to measure the differences. Mann-Whitney U-test and Kruskal Wallis test measured the difference in Understanding, Perspectives, and Implementation among the demographic variables. Approval was obtained from the Institutional Review Board (IRB) Shifa Tameer-e-Millat University, Islamabad. Moreover, data collection permissions were obtained from the administration of all six nursing colleges. Confidentiality and anonymity of participants and colleges were rigorously maintained throughout the study.

RESULTS

The research included 110 clinical instructors. The majority of research participants—95, or 86.4%—were women. Sixty-seven percent of the participants, or 69 people, held a bachelor's degree. The age range was 26 to 55 years old, with the total mean age being 43.38 years ($SD \pm 9.363$). Of the participants, 43 (39.1%) were between the ages of 46 and 55. The average number of years of experience was 18.57 ($SD \pm 9.736$). Among the 35 participants, nearly one-third (31.8%) had between one and ten years of experience (Table 1).

Table 1: Demographic Features of the Participants(n=110)

Variables	Frequency (%)	Mean ± SD
Gender		
Male	15 (13.6%)	-
Female	95 (86.4%)	
Qualification		
PRN/BSN	69 (62.7%)	-
MSN/MPH	41 (37.3%)	
Age (Years)		
26-35	31 (28.2%)	43.38 ± 9.363
36-45	25 (22.7%)	
46-55	43 (39.1%)	
>55	11 (10.0%)	
Experience		
1-10	35 (31.8%)	18.57 ± 9.736
11-20	31 (28.2%)	
21-30	30 (27.3%)	
>30	14 (12.7%)	

Utilizing Bloom's cut-off scores, which are classified as excellent, middling, and poor for comprehension and practice, examine participants' viewpoints, degree of understanding, and application of EBP. The understanding of the majority (96.1%) of the participants was good. Less than half of the participants (43.6%) had developed perspectives on the perspective scale, whereas 56.2% reported having underdeveloped perspectives on EBP. Similarly, almost half (47.7%) of the participants demonstrated strong EBP implementation, while another half (50.2%) demonstrated moderate EBP implementation. Only 1.8% of the individuals showed poor EBP compliance (Table 2).

Table 2: Clinical Instructors' Level of Understanding, Perspectives, and Implementation for EBP(n=110)

Levels	Understanding	Perspectives	Implementation
	Frequency (%)	Frequency (%)	Frequency (%)
Poor	-	-	2 (1.8%)
Moderate	4 (3.5%)	-	55 (50.2%)
Good	105 (96.1%)	-	53 (47.7%)

Table 3: The Comparison of Clinical Instructors' Understanding, Perspectives, and Implementation of EBP by Qualification, Gender and Experience(n=110)

Sr. No.	Questions	Qualification*		Gender*		Experience**	
		Ranks Mean	p-Value	Ranks Mean	p-Value	Ranks Mean	p-Value
1	Understanding of EBP	Master		Female		>30 Years	
		Bachelor		Male		21-30 Years	
		-		-		11-20 Years	
		-		-		1-10 Years	
		55.51	0.995	55.82	0.616	61.00	0.158
		55.49		53.50		59.23	
-	-	-	-	51.74			
-	-	-	-	53.43			

Under-Developed	-	62 (56.2%)	-
Developed	-	48 (43.6%)	-

The study demonstrated that no significant difference in EBP knowledge between clinical instructors having bachelor's and master's degrees. However, bachelor's degree holders demonstrated higher knowledge in the item "utilizing current literature for enhancing clinical teaching and staying updated with new nursing protocols". On the other hand, master's degree instructors showed stronger knowledge in "integrating EBP components and understanding the steps of performing EBP". Results also showed that there were no significant differences (p-value>0.050) observed in overall clinical instructors' perspectives towards EBP based on qualification, gender, and experience. However, instructors with master's had ranked higher on items emphasizing the "significance of new evidence and the intent to apply EBP", while those with bachelor's degrees were more inclined to "dislike their teaching practice being questioned and view EBP as a waste of time". Male instructors were inclined to rank higher on "intentions to read relevant literature and apply EBP", while females were more likely to express "difficulty in improving due to heavy workload and perceive EBP as a waste of time". Moreover, clinical instructors holding Master's degrees demonstrated high performance in the overall practice of EBP compared to those with bachelor's degrees. They were significantly ranked higher in various items, including "searching the literature", "using significant resources", "using evidence to improve clinical teaching", and "participating in professional development, and sharing research findings at the workplace", as opposed to the bachelor degree holders. However, there were no significant differences observed in clinical instructors' practice of EBP based on gender, although male instructors tended to better perform than female colleagues in several practice items such as "searching the published literature and attending seminars, workshops, conferences, and training on EBP" (Table 3).

1	EBP is the method of clinical decision-making based on the latest research evidence	55.50	1.000	55.50	1.000	55.50	1.000
		55.50		55.50		55.50	
		-	-	-	-	55.50	
		-	-	-	-	55.50	
2	EBP is the method of clinical decision-making based on the latest research evidence	55.50	1.000	55.50	1.000	55.50	1.000
		55.50		55.50		55.50	
		-	-	-	-	55.50	
						55.50	
3	The EBP stages are as follows: Pose a query, look for reliable evidence, analyze, apply, and assess its value.	57.00	0.178	55.26	0.487	55.17	0.390
		54.61		57.00		53.45	
		-	-	-	-	57.00	
		-	-	-	-	57.00	
4	Clinical instructors are kept informed about emerging nursing practices for patient care using EBP.	52.98	0.023	56.42	0.007	53.57	0.983
		57.00		49.67		54.85	
		-	-	-	-	55.11	
		-	-	-	-	57.17	
	Perspectives for EBP	60.57	0.197	55.04	0.700	57.00	0.418
		52.49		58.43		57.00	
		-	-	-	-	53.45	
		-	-	-	-	55.43	
5	I do not like that my teaching practice is questioned	49.13	0.078	55.77	0.805	65.29	0.575
		59.28		53.77		55.23	
		-	-	-	-	52.21	
		-	-	-	-	54.73	
6	I appreciate questions about me teaching and clinical practice	58.35	0.418	55.63	0.907	50.82	0.654
		53.80		54.70		52.98	
		-	-	-	-	54.66	
		-	-	-	-	60.27	
7	I am interested in reading relevant researched literature to update my understanding	55.95	0.900	53.75	0.111	51.61	0.947
		55.23		66.57		55.20	
		-	-	-	-	57.21	
		-	-	-	-	55.80	
8	I want to apply current evidence findings to improve me teaching and clinical practice	60.24	0.186	54.05	0.188	51.29	0.906
		52.68		64.67		54.08	
		-	-	-	-	56.77	
		-	-	-	-	57.27	
9	I want to improve my ability to locate, acquire, and evaluate evidence that is pertinent to my field of expertise	53.16	0.507	53.96	0.203	50.11	0.868
		56.89		65.23		55.10	
		-	-	-	-	57.84	
		-	-	-	-	55.93	
	Implementation of EBP	66.55	0.005	54.95	0.613	54.96	0.152
		48.93		58.97		45.70	
		-	-	-	-	55.74	
		-	-	-	-	63.90	
10	Clinical instructors have to apply EBP in clinical teaching and practice	61.62	0.059	54.19	0.187	61.89	0.440
		51.86		63.80		49.35	
		-	-	-	-	57.39	
		-	-	-	-	56.54	
11	My current teaching and clinical practice is based on EBP	59.57	0.277	55.78	0.808	63.43	0.243
		53.08		53.73		55.02	
		-	-	-	-	47.11	
		-	-	-	-	60.17	

12	To stay current, I use sources including journals, textbooks, the internet, coworkers, and clinical recommendations.	64.50	0.012	54.74	0.486	62.93	0.147
		50.15		60.33		45.32	
		—	—	—	—	58.55	
		—	—	—	—	58.56	
13	I use research evidence from different resources to improve my teaching and clinical understanding	62.62	0.045	53.92	0.166	68.50	0.029
		51.27		65.50		43.13	
		—	—	—	—	55.08	
		—	—	—	—	61.27	
14	I informally Share and discuss literature/search findings with colleagues at my workplace	60.15	0.216	55.45	0.964	59.75	0.240
		52.74		55.83		46.18	
		—	—	—	—	56.61	
		—	—	—	—	60.80	
15	I attend workshops, seminars, courses, conferences, and training on EBP	67.43	0.002	53.18	0.045	53.54	0.005
		48.41		70.20		42.32	
		—	—	—	—	53.56	
		—	—	—	—	69.30	

DISCUSSION

This study recorded no significant difference in overall knowledge between clinical instructors with Master's and Bachelor's degrees although those with Bachelor's degrees scored higher on specific knowledge items. This discrepancy could stem from the appointment of Master of Public Health (MPH) nurses lacking clinical experience as instructors to address educator shortages, or biased questionnaire statements favouring undergraduate-level understanding [21]. In contrast, while no significant difference in perspectives was found between Master's and Bachelor's degree holders (p -value=0.197), instructors with Master's degrees generally displayed more positive perspectives toward EBP. Likewise, instructors with Master's degrees significantly outperformed in practice than those with Bachelor's degrees (p -value=0.005), scoring higher on various practice items. This aligns with previous studies indicating that higher nursing degrees correlate with more favourable perspectives and greater involvement in research and professional development activities [15]. There are disparities in EBP understanding, perspectives, and practice between male and female clinical instructors. Female instructors generally exhibited higher knowledge levels compared to males, aligning with findings from previous research in Saudi Arabia [6]. Conversely, male instructors demonstrated higher mean ranks on attitude (p -value=0.700) and practice scales (p -value=0.613), consistent with the prior study highlighting their efforts to establish credibility in a predominantly female field [12]. The current study demonstrated no significant differences in EBP understanding (p -value=0.158), perspectives (p -value=0.418), and implementation (p -value=0.152) among clinical instructors on the base of their work experience. These findings are contradictory to international research, which indicates higher EBP scores among clinical instructors with vast experience [8]. Remarkably, the clinical instructors having

extensive experience showed eagerness for traditional and old, already tested and tried methods and exhibited resistance to new scientific approaches to patient care, reflecting a lack of involvement in policy development and implementation seen in other studies. However, instructors with less experience were found more engaged in skill development training like seminars and workshops, resulting in good evidenced-based practice perspectives. These results are similar to earlier research highlighting the significance of existing clinical education and practice of EBP to enhance its application [7].

This study was limited by its cross-sectional design and reliance on self-reported data, which may introduce response bias. Additionally, the sample was confined to six institutions, which may limit generalizability. Future research could explore longitudinal interventions, include a broader range of institutions, and investigate strategies to strengthen clinical instructors' EBP skills, fostering improved integration into nursing curricula and patient care practices.

CONCLUSIONS

It was concluded that clinical instructors with master's degrees demonstrated favourable perspectives and practices toward EBP. Females showed higher knowledge scores, while males excelled in perspectives and implementation.

Authors' Contribution

Conceptualization: TY

Methodology: TY, TK

Formal analysis: TY

Writing and Drafting: TK, FA

Review and Editing: TK, FA, TY

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

All the authors declare no conflict of interest.

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