

## Nurses' Views on the Use of Evidence-based Practice in the Clinic: A Qualitative Study

### Abstract




**Background:** This study was conducted to determine what nurses think about the use of evidence-based practice in their clinical work.

**Methods:** The study was carried out as qualitative research in March 2019 with nurses working in the clinical departments of a state university hospital in Istanbul. Thirteen nurses met for discussions in two focus groups and provided the data in a semi-structured questionnaire. Content analysis was used in the data analysis. The results of the study revealed four main themes and fourteen subthemes. The main themes could be identified as the meaning of evidence, the benefit of evidence-based practice, barriers standing in the way of adopting evidence-based practice, and beliefs and expectations about evidence-based practice.

**Results:** Nurses believe that evidence-based practice can not only empower them in their professional development in the processes of problem-solving and decision-making but can also contribute to achieving professionalism in their vocation. However, nurses state that they are confronted by major barriers that stand in their way on a personal and organizational level and also in terms of available training opportunities.

**Conclusion:** Nurses say that evidence-based practice, which is not widely used in the clinical setting in Turkey, is important in order to raise the quality of patient care and to enable the strengthening of the profession itself. They point out however that there are various individual, institutional and educational barriers that are obstacles to using scientific evidence in their practice. It is in this context that our recommendation is that nursing undergraduate and graduate curriculums should be adapted to clinical practice and strategies should be created to increase cooperative efforts.

**Keywords:** Evidence-based practice, nursing, qualitative research

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### Introduction

Evidence refers to all findings obtained from research. The term evidence-based practice (EBP) is defined not only in terms of the knowledge gained by the expert implementer but also the problem-solving skills needed to use scientifically obtained evidence for the benefit of patients and their preferences.<sup>1</sup> Evidence-based nursing is described as the integration of the best available evidence, expert nursing skills incorporated with the values and preferences shown by the individuals, families and communities served.<sup>2</sup> This definition implies providing the best nursing care based on the cultural and personal assets and preferences of nurses as well as the implementation of the latest research through a synthesis of the views and consensus arrived upon together with other healthcare decision-makers.

Based on the fact that evidence-based practice increases the quality of nursing care, reducing costs, helping to develop bonds of trust between patient and nurse, diminishing medical errors, increasing satisfaction, facilitating problem-solving and effective decision-making, this approach has been recommended for more than thirty years in the context of improving the quality of patient care.<sup>3</sup> The approach foresees that individuals, families and the community will be able to access the best nursing care available. It can be seen in the literature that nurses do not have complete knowledge and competence in the context of EBP and that despite the available potential to improve the quality of care, EBPs are not sufficiently adopted or used in the clinical setting.<sup>3,4</sup> Studies exploring the reason for this reveal that nurses do not know how to access resources that provide appropriate evidence, are weak in upholding attitudes that promote researching, and come up against various barriers such as a shortage of authorities well versed in EBP, time restrictions and inadequate clinical settings that prevent the implementation of EBP, clearly indicating that there is a need for more studies on this subject.<sup>1,5-8</sup>

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Table 1. Demographic Characteristics of the Participants

Participant	Age	Gender	Education	Shift	Years worked
P1	33	Female	Doctorate	Day Shift	10
P2	32	Female	Bachelor's degree	Day Shift	32
P3	32	Female	Master's Degree	Night Shift	8
P4	35	Female	Master's Degree	Night Shift	13
P5	45	Female	Bachelor's degree	Night Shift	23
P6	53	Female	Bachelor's degree	Night Shift	32
P7	35	Female	Master's Degree	Day Shift	11
P8	41	Female	Bachelor's degree	Night Shift	16
P9	44	Female	Bachelor's degree	Night Shift	21
P10	50	Female	Bachelor's degree	Night Shift	25
P11	33	Female	Bachelor's degree	Night Shift	8
P12	45	Female	Bachelor's degree	Night Shift	18
P13	42	Female	Bachelor's degree	Night Shift	15

In order to increase motivation for EBP and determine related strategies, it is important that nurses become aware of the importance and benefits of EBP and that their expectations and the barriers that stand in the way of implementing EBP are identified. Although there are quantitative studies in the literature that have explored the attitudes and beliefs of nurses regarding evidence-based practice,<sup>1,2,5-7</sup> no study in the Turkish literature has been encountered of a qualitative nature. This study therefore was conducted in order to identify clinical nurses' thoughts, attitudes and beliefs, practical experiences and the barriers they face with regard to EBP. The results of the study are expected to contribute to the literature as well as to the formulation of strategies to be adopted in this area.

## Methods

**Type of research:** This is a qualitative study. It was believed that the qualitative method would be a suitable way of identifying what nurses thought about EBP.

### Study Sample

The study sample consisted of 13 nurses working at a state-affiliated university hospital in Istanbul. A total of 850 nurses worked at the hospital where the study was conducted and the institution has no committee in charge of evidence-based practice. Focus group interviews can be described as a series of carefully planned discussion meetings organized in a pleasant setting for the purpose of exploring perceptions about a predetermined subject. Expressed differently, the main aim of a focus group discussion is to understand what people think and feel about a particular subject. Based on the principle that the individuals who would participate in the study would have common experiences about the subject at hand, it was decided, as per the literature<sup>9,10</sup> that the appropriate number of individuals to participate in the discussions would be 6-8. Toward this aim, the selection of the participants in the group was carried out with the method of "homogeneous sampling," one of the techniques of purposive sampling. The participants were given detailed information about the study. The nurses in the focus group discussions were expected to volunteer

for this participation. The aim of the sample selection was to achieve homogeneity among the participating individuals in terms of their involvement in the subject matter of study.

The mean age of the participants in the study sample was 41. All of the participants had bachelor's or master's degrees. The sociodemographic characteristics of the participants are shown in Table 1.

### Data Collection

The study took place in March 2019 with nurses working at a university hospital in Istanbul. A focus group discussion was held in line with our qualitative research approach. The researchers had been trained in planning qualitative studies, discussion and analysis techniques. The discussions were held in a meeting room on a clinical floor of the university hospital where the study was being conducted. The talks started with the participants introducing themselves to each other. A voice recording device was used as a basic technique in recording the data obtained from the focus group discussions. The personal information form developed by the researchers included questions on the age, gender, education and other sociodemographic features of the participants as well as information on the duration and type of their work. To obtain qualitative data, the participants were asked to respond to four open-ended questions designed to deepen the discussions. The discussions were held in two separate focus groups of 6 and 7 individuals. The discussions continued until the saturation point was reached. Each session took approximately 90 minutes.

### Data Analysis

The researchers transcribed all of the data sets recorded in the voice recording device into a text using the Microsoft Office Word Program; the data were assigned numbers. The raw breakdown of the transcribed data filled up 16 pages.

The results of the data analysis revealed the four main themes of the meaning of evidence, the benefit of evidence-based practice, the barriers to EBP, beliefs and expectations regarding adopting EBP to the clinical setting, as well as fourteen subthemes (Table 2).

### Study Ethics

Approval for the conduct of the study was obtained from the Ethics Board of Marmara University Health Sciences Institute (14.1 2019-28) and written consent was obtained from the nurses that were to participate in the research. After the participants were informed about the voice recording, their verbal and written consent was obtained. The findings of the study were shared with the participants for their views and feedback on the appropriateness of the themes. The participants' names were coded as numbers during the data analysis.

**Research limitations:** The study was conducted with 13 nurses working at a university hospital. For this reason, the results of the study can only be generalized to the nurses working at this hospital.

## Results and Discussion

The concept of EBP necessitates an approach that requires decisions about healthcare to be made based on the best available evidence. All of the participants in the study defined "evidence" as described in the literature as "documentation and proven results obtained from research." There was no other definition provided among the participants. The participants emphasized that evidence was the foundation of scientific truth. The participants' statements on the meaning of evidence were as follows:

*"Something that can be proven. Something that has a result that has been previously tried. We can say that this is true based on what has been proven."* (P1)

Transcription of the entire data set into text form	The researchers transcribed all of the data sets recorded in the voice recording device into a text using the Microsoft Office Word Program; the data were assigned numbers from 1-31.
Reading of the entire data set	To check on the accuracy of the transcribed text of the data set, two of the researchers reviewed the voice recordings and the transcribed text; the entire data set was read over by all three researchers.
Data coding	The entire data set that had been checked for accuracy and given its final form was coded by three expert researchers who engaged in the process independently of each other.
Coding of the pieces	Each of the three researchers created 25-30 codes for the data sets they had separated into pieces.
Compilation of the codes	Each of the three researchers compiled the codes they created and reduced their number to 20 in order to generate themes.
Converting codes into themes	Each of the three researchers grouped the codes under 5-7 themes.
Comparing the themes	Each of the three researchers shared the themes they had generated with each other and made comparisons.
Creating common themes	At the end of the comparisons, common themes were identified among those that the three researchers had created (4 main themes and 14 subthemes).
Sending the common themes to two experts in the field for verification	The common themes were sent for verification to two experts in qualitative research that were not involved in the study.
Identifying the themes	The two experts in qualitative research who were not involved in the study verified and identified the themes.

Figure 1. The steps in the process of data analysis

Main theme	Subtheme
Meaning of evidence	A proven outcome
Benefits of EBP	Reliable practice
	Cost-effective
	Empowering
	Patient satisfaction
	Professionalism
Barriers hindering EBP	Traditional approach
	Shortage in number of nurses
	Different educational backgrounds
	Not knowing English
	No collaboration
Beliefs and Expectations regarding EBP	No support from administrators
	Educators' responsibilities
	There must be a liking of the profession

*"A result which is understood in the same way by everyone. Something objective." (P6)*

There is an emphasis today on the fact that EBP increase the quality of healthcare as well as patient safety, and healthcare professionals are expected to look for evidence in clinical practices.<sup>11</sup> All of the participants in the study stated that EBP are useful, accurate and reliable for both nurses and patients. The participants sharing this view said the following:

*"These practices give nurses the chance to do their work safely, be satisfied and get results. They increase the benefits of treatment and care." (P9)*

*"Patient safety is the priority. We are sure that we are not harming the patient. We are ensuring the patient's safety. Reliability is high." (P3)*

EBP are defined as one of the basic competences in healthcare education. Nurses constitute the largest group of healthcare professionals and they are the ones who are directly involved in patient care. It is reported in the literature that EBP increase the quality of nursing care, ensure patient safety and enable nurses to provide the best nursing care.<sup>11-13</sup>

The participants said that EBP contributed not only to the welfare of patients and nurses but also to the institution itself and the country's economy (n=4, %32). The views of the participants sharing this view were as follows:

*"They may be beneficial in terms of costs. They may reduce the patient's duration of stay in the hospital. They decrease the amounts of materials used. This way, our workload is also lessened." (P1)*

*"They are important in terms of saving time. Most important, we know why we're doing any particular thing. We can reduce costs." (P13)*

The literature points to cost efficiency in the context of this subject and it is reported that nursing practices are responsible for achieving substantial reductions in costs for both institutions and the state.<sup>13-15</sup>

The participants said that they believed that EBP empowered nurses and gave them more self-confidence, while also helping them to develop their decision-making skills and ensuring that patient-centered care would be made possible (n=7, %54). Studies indicate that nurses who adopt EBP feel more empowered in their role as caregiver and also derive more job satisfaction. At the same time, the nurses in this study also pointed to EBP as one of the reasons they felt more protected by law in their clinical applications. It is asserted that in order for EBP to be used in nursing care, nurses' skills in critical thinking, deci-

sion-making and problem-solving must be reinforced.<sup>15,16</sup> When nurses feel empowered, this is important not only for them, but also for the patient and the institution. Studies reveal that there is a positive correlation between nurses' empowerment and quality patient care and good outcomes, perceptions of patient satisfaction and patient safety, organizational loyalty and job satisfaction.<sup>11-13</sup>

The participants sharing this view said the following:

*"Getting a more accurate result from the care we provide a patient gives me professional satisfaction. I am satisfied when I can provide adequate care. The patient then feels better and trusts me. This makes a nurse feel better about achieving job satisfaction."* (P4)

*"I think that this has a positive effect on a nurse's professional development. I think it's necessary in order to make better decisions about treatment choices for patients, speed up the recovery period and work in a patient-centered manner."* (P13)

The participants believe that EBP can promote patient satisfaction (n=10, %76.4). In recent years, the issue of patient satisfaction has come to the forefront at hospitals. The potential of improving service quality is increased when nurses make use of the best evidence.<sup>17</sup> Weng et al.<sup>18</sup> report that 71.5% of the nurses in their study believed that EBP increased the quality of care and that 59.3% supported EBP because of this. In this study, the nurses commented that EBP had a positive effect, that they increased patient satisfaction, shortened hospital stays and saved patients from undergoing unnecessary procedures.

The views of the participants sharing this view were as follows:

*"They allow us to offer patients better, higher quality and suitable care. They increase patient satisfaction."* (P10).

*"Patients benefit from EBP in every way. They increase the effectiveness of treatment and care. And this increases the patient's satisfaction."* (P7).

The participants stated that EBP contributed to their personal development (n=7, 50%) and particularly to their professional process. Studies indicate that both nurses and nursing students have adequate knowledge about EBP but that their making use of these practices is insufficient.<sup>11,17</sup> Since it must be considered that using EBP is one of the fundamental principles of becoming a nursing professional, it is safe to say that improving nurses' knowledge and skills about EBP and including nurses in the execution of projects, supporting their participation in scientific conferences, emphasizing their role as researcher, facilitating their access to information resources and to innovations in science and technology, increasing their autonomy as well as their job satisfaction and motivation are factors that will decidedly contribute to raising the professional standards of the vocation of nursing. The views of the participants sharing this view were as follows:

*"I think that EBP have a positive effect on a nurse's development. I think they are necessary for patients so that the right decisions are made in the choice of treatment and the right path is adopted to improve patient care."* (P13)

*"I believe that EBP will carry us further in our profession. They will help us to develop in our profession. They will not only help doctors but us as well to increase the effectiveness of our treatment and care of our patients. Also, I've always thought that the work required of nurses has mostly been based on the work of doctors and on treatment outcomes and that we have only been informed of the results. We need to be involved in devising our own practices."* (P1)

Almost all of the participants said that the failure to apply EBP to their field was due to various factors. These factors were described as the

traditional approach taken by colleagues, the failure to set up a channel of cooperation with the healthcare team, the shortage in the number of nurses, differences in levels of education, a lack of fluency in English, and the lack of support from administrators.

The study showed that traditional approaches to practices was defined as one of the most important barriers in this context (n=8, 60.1%). Studies in the literature on this subject reveal that nurses meet with resistance from their own colleagues and face challenges by not being open to innovation.<sup>15,19-22</sup> Our results are consistent with the reports in the literature. The nurses in our study also said that they met up with resistance from their colleagues with regard to EBP and experienced difficulties because of this. The participants sharing this view said the following:

*"People say, these are our established habits. We're used to doing things a certain way. Some of us resist change. Our approach is mostly traditional. This is how we learned how to do this."* (P3)

*"There is resistance too on the part of personnel. We tell them that we should do it this way, but nobody pays any attention. My supervisor and my colleagues, as well as the institution itself, all put up a resistance. It's hard to change existing practices. People reject basing their practices on evidence and doing something new because it's difficult."* (P6)

*"My colleagues don't think this is very important and try to take the easy route. Nobody wants to stray from the routine; you do whatever the routine says you're supposed to do."* (P8)

*"I think my department only engages in traditional practices."* (P7)

The participants stated that the inadequacy in the number of nursing staff was one of the barriers to adopting EBP (n=7, 58%). Among the negative factors they mentioned, the participants believed that the hectic tempo of their heavy workload could also be a barrier standing in the way of adopting EBP.

The views of the participants sharing this view were as follows:

*"I'm the only one working. I can only look after the patient's care and follow-ups. I'm short for time unfortunately. I can spend so little time with the patient."* (P4)

*"Every nurse in the work setting has a large number of patients. We only know about EBP. We usually even consider existing procedures as unnecessary. This is actually because we are so few in number."* (P11)

The participants mentioned the differences in educational background as one of the barriers to the adoption of EBP (n=5, 31%). All of the nurses participating in the study had bachelor's degrees. In a study by Yılmaz et al.,<sup>1</sup> the authors found that nurses with master's degrees tended to display significantly higher scores on the Feelings subscale in their assessment of EBP. The same study indicated that nurses that did not recognize the importance of scientific research did not show a willingness to follow established procedures. Boström et al.<sup>11</sup> and Thierl et al.<sup>23</sup> showed in their study that as nurses' level of education rose, their belief and tendency to apply EBP increased and that nurses with an awareness about EBP made better decisions regarding patient care and were in the habit of constantly improving themselves.<sup>5</sup> It was reported that when compared with nurses with other nursing backgrounds, nurses with a master's or higher degree more commonly adopted EBPs. The views of the participants sharing this view were as follows:

*"There's a lot of conflict between colleagues coming from vocational high school, associate degree and bachelor's degree nursing programs. Somehow, we can't seem to get together and organize."*



*We experience a lot of conflict in the clinical setting. Those graduating from a vocational high school or with an associate degree view other nurses with a higher level of education as threats.” (P12)*

Almost all of the participants reported that a lack of English fluency was one of the reasons they were unable to sufficiently benefit from the articles published in the literature (n=12, 90%). Not having a sufficient knowledge of English is seen to be a barrier.<sup>24,25</sup> This finding is consistent with reports in other studies. The views of the participants sharing this view were as below:

*“I think it is very difficult to access knowledge about EBPs. There is no accessibility.” (P7)*

*“Knowing English is very important in being able to access reliable studies in the international literature.” (P13)*

*“It would have been good to know English so that we could do research in the international literature. I am unable to follow up on studies that are being conducted in different parts of the world.” (P4)*

The participants stated that not being able to form productive collaborations with colleagues was a barrier standing in the way of adopting EBP (n=11, 85%). They said that having the support and cooperation of colleagues was important but that this support was not continuous, that there was a resistance towards new applications and for this reason it was hard to adopt new practices. The literature indicates that EBP is not completely an individual responsibility but that it requires changes not only in nurses but in the entire healthcare team, the organization and the entire health system.<sup>14</sup> Differing from the literature, it was seen in this study that nurses pointed to working with colleagues from different educational backgrounds as a barrier to EBP. This outcome suggests that the different levels of nursing education existing in Turkey may continue to be an important obstacle in the way of using EBP on the field for some time yet to come.

The views of the participants sharing this view were as follows:

*“I want to base my practices on evidence but my colleagues object and tell me not to create problems. Some even ask, ‘Don’t you have anything better to do?’” (P8)*

*“Well, if your colleagues don’t support you in what you’re doing, you can’t expect any result.” (P6)*

*“I had a lot of problems in my old workplace with nurses who were vocational high school graduates.” (P3)*

The participants believe that they do not receive adequate support from their administrators in the context of EBP (n=4, 31%). This is despite the fact that administrators could play a facilitating role in the adoption of EBP. There are strong signs that organizational barriers have an influence on the adoption of new applications. An association was reported in a study conducted with nurses in Israel between organizational support and the behavior of nurses regarding research habits, applying the results of research to the clinic, scanning the literature and reading research articles.<sup>12</sup> Administrators have an important role in setting clear and realistic goals for EBP. It is consequently reported that administrators, and particularly nurse supervisors, make a major contribution to supporting EBP within the healthcare system. It is asserted that nurse supervisors need to formulate clear and realistic strategies in support of adopting new practices in the clinical setting.<sup>24-26</sup>

The views of the participants sharing this view were as follows:

*“The biggest barrier is not having the support of the institution.” (P6)*

*“The hospital administration does not place any importance on setting up the needed protocols.” (P8)*

The participants said that there were those among the nurse educators who taught traditional techniques and did not seem to have adapted to today’s technologies. They said that this had an adverse effect on the dissemination of research outcomes, placing the needed emphasis on EBP and on the ability of nurses to value themselves in their professions (n=4, 31%).

Nursing Regulations (2010) have invested nurses with the responsibilities of planning, applying, evaluating and monitoring patient care in the light of evidence-based practice.<sup>27</sup> The training provided on EBP stresses that these practices have a positive effect on students’ competence, knowledge, skills and attitudes. Researchers point to the necessity of structuring nursing school programs in a manner that will enable graduating nurses to make use of EBP and improve their skills of evaluation in their professional life and in their further education.<sup>(28)</sup> In a study conducted in Taiwan, Hung et al.<sup>29</sup> reported that a lack of quality and the limitations in providing students with appropriate opportunities in the undergraduate curriculum was the biggest barrier to the adoption of EBP. The views of the participants sharing this view were as follows:

*“I believe that our training is just not adequate. Our educators should be in step with today’s developments. Academics should use methods that will catch the attention of the new generation. In that sense, the biggest responsibility lies with them. The importance of evidence-based practice should be explained to a greater extent. A nurse should graduate with an awareness of self-worth so as to become more in tune with the realization of how important the profession is.” (P1)*

*“Current practices don’t rely very much on research; the training is insufficient.” (P4)*

Almost all of the nurses remarked that being aware of the importance of the profession and performing it eagerly could be associated with a willingness to accept and adopt EBP (n=12, 90%). The nurses also said that their colleagues, especially the younger nurses, did not have any curiosity about EBP and were reluctant to carry out research. There is a positive relationship between providing opportunities for professional and job satisfaction and a decrease in the rate of quitting jobs.<sup>30,31</sup> Under today’s conditions in Turkey, overcoming these barriers cannot be separated from the work that is needed to create the country’s general healthcare policies. This is because a major portion of these barriers have to do with nursing education and the problems in our general healthcare system.

The participants sharing this view said the following: *“If you’re not performing your job with pleasure and willingness, you just wait for your working hours to be over. But if you do your job with love and compassion, you can read and do research and have the means to convince your teammates.” (P9)*

*“People who choose this profession just because it provides a guaranteed paying job are only thinking about money.” (P1)*

*“People who come in with love and curiosity adjust so much more quickly and become competent in the field.” (P2)*

*“Of course, I wouldn’t want to work at a job I don’t like doing. I would be looking at the clock to be ready to go as soon as my time is up.” (P4)*

*“I learned to like my job as I continued to do it.” (P6)*

*“Willingness increases your curiosity and motivation and affects you positively.” (P9)*

## Conclusion

Nurses believe that EBP will empower them in their profession in the context of improving their problem-solving and decision-making skills and are also confident that these practices will raise the standards of

professionalism in the field. This study revealed however that nurses face barriers in terms of individual, organizational and educational opportunities. The barriers that nurses come up against in the matter of adopting evidence-based practices have been cited as the failure of some nurses to practice their occupation with conviction and love of the profession, the desire to continue traditional approaches, the shortage in the number of nurses, the disinterest of young nurses to continue in the profession, and the differences in the educational background of nurses in the clinical setting.

In the light of our research, the following recommendations may be suggested:

Nurses becoming aware of the effect of EBP on patient outcomes and its contribution to professional practices presents an important opportunity. On the other hand, administrators and clinical nurses have important responsibilities to ensure that the barriers to adopting EBP in the clinical environment are overcome. In this context, administrators need to take the necessary steps to close the gap in the supply of nurses, at the same time lifting the barriers work overloads can cause, promoting the introduction of EBP together with innovative approaches to replace traditional nursing applications, and by supporting nurses through the creation of departments that will oversee EBP. At the same time, it might be suggested that young nurses are mentored to encourage them to like, appreciate and internalize the challenges of their profession. Nurses themselves should inquire about their professional practices and seek opportunities to further their foreign language fluency. Additionally, it is important in terms of ensuring the adoption of EBP that undergraduate and graduate nursing school curriculums are reviewed and revised to allow nursing students to improve their foreign language skills. Strengthening the collaboration between the universities and clinical institutions is also recommended so that the results of research can be carried into the clinical setting.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the Marmara University Institute of Health Sciences Ethics Committee (14.1 2019-28).

**Informed Consent:** Verbal and written consent was obtained from the nurses participating in the study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – S.Y., N.K., E.Ş.Ş.; Design – S.Y., N.K.; Data Collection and/or Processing – S.Y., N.K., E.Ş.Ş.; Analysis and/or Interpretation – S.Y., N.K., E.Ş.Ş.; Writing – S.Y., N.K.; Critical Reviews – S.Y., N.K., E.Ş.Ş.

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## References

1. Yılmaz E, Çeçen D, Aslan A, Kara H, Kızıl Toğaç H, Mutlu S. Cerrahi kliniklerde çalışan hemşirelerin kanıta dayalı hemşireliğe yönelik tutumları ve araştırma kullanımında algıladıkları engeller. *HEAD*. 2018;15(4):235-241.
2. Kristensen N, Nymann C, Konradsen H. Implementing research results in clinical practice- the experiences of healthcare professionals. *BMC Health Serv Res*. 2016;16:48. [Crossref]
3. Leung K, Trevena L, Waters D. Systematic review of instruments for measuring nurses' knowledge, skills and attitudes for evidence-based practice. *J Adv Nurs*. 2014;70(10):2181-2195. [Crossref]
4. Middlebrooks R Jr, Carter-Templeton H, Mund AR. Effect of evidence-based practice programs on individual barriers of workforce nurses: An Integrative Review. *J Contin Educ Nurs*. 2016; 47(9):398-406. [Crossref]
5. Thiel L, Ghosh Y. Determining registered nurses' readiness for evidence-based practice. *Worldviews Evid Based Nurs*. 2008;5(4):182-192. [Crossref]
6. Cebeci F, Çatal E, Dağ S G, Karazeybek E, Aksoy N. Hemşirelerin araştırma kullanım engelleri, kolaylaştırıcıları ve etkileyen etmenlerin belirlenmesi. *Türkiye Klinikleri J Nurs Sci*. 2019;11(2):129-139. [Crossref]
7. Yava A, Tosun N, Çiçek H, Yavan T, Terakye G, Hatipoğlu S. Nurses perceptions of the barriers to and the facilitators of research utilization in Turkey. *Appl Nurs Res*. 2009;22(3):166-175. [Crossref]
8. Breimaier HE, Halfens RJG, Lohmann C. Nurses wishes, knowledge, attitudes and perceived barriers on implementing research findings into practice among graduate nurses in Austria. *J Clin Nurs*. 2011;20(11):1744-1756. [Crossref]
9. Krueger R.A, Casey M.A. Focus groups: A practical guide for applied research. (3<sup>rd</sup> ed). Sage Publishing Thousand Oaks, CA, 2000.
10. Yıldırım A, Şimşek H. Sosyal Bilimlerde Nitel Araştırma Yöntemleri. 9. Baskı, Seçkin Yayıncılık A.Ş, Ankara,2013.
11. Boström, A.M, Rudman, A, Ehrenberg, A, Gustavsson, J.P. & Wallin, L. Factors associated with evidence-based practice among registered nurses in Sweden: a national cross-sectional study. *BMC Health Serv Res*, 2013;13:165. [Crossref]
12. Arslan S, Şener DK, Küçük Ö. Pediatri kliniğinde çalışan hemşirelerin KDU ya ilişkin görüşleri. *Yıldırım Beyazıt Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik E-Dergisi*. 2015;(3):1-9.
13. Schaefer JD, Welton JM. Evidence-based practice readiness: A concept analysis. *J Nurse Mang*. 2018;26(6):621-629. [Crossref]
14. Ayhan Y, Seren İntepeler, Ş, Yakın. İşbirliğine dayalı ileri araştırma ve klinik uygulama modeli: kanıta dayalı düşünme önleme stratejilerinin kullanımı. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*. 2015;8(3):195-202.
15. Melnyk B.M, Fineout-Overholt, E, Gallagher-Ford L, Kaplan L. The state of evidence-based practice in us nurses: critical implications for nurse leaders and educator. *J Nurs Adm*. 2012;42(9):410-417. [Crossref]
16. Karadağ G, Uçan Ö. Hemşirelik eğitimi ve kalite. *Fırat Sağlık Hizmetleri Dergisi*. 2006;1(3):42-51.
17. Flodgren G, Rojas-Reyes MX, Cole N, Foxcroft DR. Effectiveness of organizational infrastructures to promote evidence-based nursing practice. *Cochrane Database Syst Rev*. 2012;15(2):CD002212. [Crossref]
18. Weng YH, Kuo KN, Yang CY, Lo HL, Chen C ve Chiu YW. Implementation of evidence-based practice across medical, nursing, pharmacological and allied healthcare professionals: a questionnaire survey in nationwide hospital settings. *Implement Sci*. 2013;8:112. [Crossref]
19. Demir Y, Ak B, Bilgin N. Hemşirelik Uygulamalarında Araştırma Sonuçlarının Kullanımındaki Engeller ve Kolaylaştırıcı Faktörler. *Çağdaş Tıp Dergisi*. 2012;2(2):94-101.
20. Boström AM, Ehrenberg A, Gustavsson JP, Wallin, L Registered nurses' application of evidence-based practice: a national survey. *J Eval Clin Pract*. 2009;15(6):159-163. [Crossref]
21. Lamontagne K, Florentino J. Evidence-based practice. *Am J Nurs*. 2013;133(4):12. [Crossref]
22. Verloo H, Desmedt M, Morin D. Beliefs and implementation of evidence-based practice among nurses and allied healthcare providers in the Valais hospital, Switzerland. *J Eval Clin Pract*. 2017;23(1):139-148. [Crossref]
23. Thiel LM, Ko A, Turner JA. Home healthcare nurses' attitudes, confidence, and engagement in evidence-based practice. *Home Health*. 2019;37(2):79-87. [Crossref]
24. Shayan,SJ, Kiwanuka F, Nakaye Z. Barriers Associated With Evidence-Based Practice Among Nurses in Low- and Middle-Income Countries: A Systematic Review. *Worldviews Evid Based Nurs*. 2019;16(1):12-20. [Crossref]
25. Gifford W, Zhang Q, Chen S. When east meets west: a qualitative study of barriers and facilitators to evidence-based practice in Hunan China. *BMC Nurs*. 2018;17:26. [Crossref]
26. Kajermo NK, Unden M, Gardulf A. Predictors of nurses' perceptions of barriers to research utilization. *J Nurs Man*. 2008;(16):305-314. [Crossref]
27. T.C Sağlık Bakanlığı, Hemşirelik Yönetmeliği, 8 Mart 2010, Erişim Tarihi: 12 Temmuz 2019 <http://www.resmigazete.gov.tr/eskiler/2010/03/20100308-4.htm>
28. Şenyuva, E. Hemşirelik eğitimi ve KDU. *Florence Nightingale J Nurs*. 2016;24(1):59-65. [Crossref]
29. Hung HY, Huang YF, Tsai JJ, Chang YJ. Current state of evidence-based practice education for undergraduate nursing students in Taiwan: A questionnaire study. *Nurs Educ Today*. 2015;35(12):1262-1267. [Crossref]
30. Ruzafa-Martinez M, López-Iborra L, Armero Barranco D, Ramos-Morcillo AJ. Effectiveness of an evidence-based practice (EBP) course on the EBP competence of undergraduate nursing students: A quasi-experimental study. *Nurs Educ Today*. 2016;(38):82-87. [Crossref]
31. Yürümezoğlu HA. Kanıta Dayalı Hemşirelik Yönetimi Uygulamalarının Hemşire İş Doyumu Örgütsel Bağlılık ve İşten Ayrılma Niyeti Üzerine Etkisi (Doktora Tezi) Dokuz Eylül Üniversitesi Sağlık Bilimleri Enstitüsü; 2012.