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TÍTULO/TITLE:

Portuguese version of the Evidence-based Practice Questionnaire: One exploratory approach

Objective: The Evidence Based Practice Questionnaire was developed in 2006 by Upton & Upton(1) and its conception search for gather information and opinions about the use of evidence-based practices by health professionals and appropriate to carry to its validation in order to be used systematically. Its use is currently recurrent in multiple contexts and are available in addition to the original English version a Spanish version(2) obtained from a validation study carried out in 2009. Observing its construction features that denoted a high probability of application as concerning the nursing practice developed in Portugal, we elaborated the present study, whose objective is to describe the exploratory process of linguistic and cultural validation for the Portuguese context Questionnaire Clinical Effectiveness and Evidence-Based practice (QECPE).

Method: The QECPE is a self-report instrument which the original version includes 24 items assessed through a semantic differential scale organized in three dimensions. The first component evaluates the practices and uses a Likert-type scale that follows from 1 (never) to 7 (frequently) and consists of six items. In the second component, the attitudes are evaluated by the proximity position adopted for each pair of questions on a total of four items. Finally, the third component aims to assess Knowledge / Skills and Competencies through a Likert type scale ranging from 1 (worst) to 7 (best) in a sum of 14 items. We proceeded to the translation and adaptation to Portuguese context, studying the respective psychometric properties. After obtaining formal authorization to this end by the authors of the original version, we proceeded to the translation of the questionnaire in English to Portuguese using two independent translators. In the translation process the semantic equivalent of some terms have been clarified. Subsequently a panel of experts examine the conceptual equivalence of various items, obtaining a final result by consensus. Retroversion was then developed by an independent translator and analysed the concordances and differences. Finally we performed an analysis of the instrument with respect the format, appearance, visual understanding of the items and receptivity to the content. Through an accidental sampling we developed a methodological and cross-sectional study in hospital academic centre of the north of Portugal. Taking into account the nature of the instrument, were involved exclusively nurses to exercise clinical practice full time or a predominant mode over other aspects of professional practice such as management, teaching or research. All permits that allowed the preparation of the study, were assured: Clinical Direction, Nursing Ethics Committee and the Board of Directors. Were distributed 995 self-report questionnaires, 358 were returned valid. Therefore we obtained a response rate of 36.0%. Subjects (n = 358) volunteered to participate in the study and the valid sending of the completed questionnaire was considered informed consent for it. Data collection occurred between December 2013 and March 2014.

For the statistical treatment of the data we used SPSS version 22.0 there was recourse to parametric multivariate statistics. The fidelity of the subscales was assessed by Cronbach's alpha coefficient, which provides a measure of internal consistency of the scale. Exploratory factor analysis was effected through the Principal Component Analysis, using the orthogonal rotation according to the Varimax method. The adequacy of the data for this analysis was verified using the criteria of Kaiser-Meyer-Olkin (KMO) and Bartlett's test. In confirmation of the number of factors the following criteria(3) were followed: (i) eigenvalues > 1; (ii) exclusion of the factorial loads < 0.40; (iii) each factor should explain at least 5% of the variance; (iv) application of the principles of discontinuity.

Results: The majority of participants (n = 358) in the study were female (78.0%) and the predominant age group was 30-39 years (48.0%), A total of 49% have completed his graduate education in nursing (degree) less than four years (year of graduation >= 2011). As the instrument composed of 24 items in total assessment, assuming in each seven possible answers, we obtained a number of participants who completely fills the requirements sample size, fulfilling criteria(4) power and reliability. The original version(1) of the QECPE has 24 items and three subscales: Practices (a = 0.85); Attitudes (a = 0.79); Knowledge / Skills

Competencies ($\alpha = 0.91$) and has an overall internal consistency $\alpha = 0.87$. The principal components analysis performed by us suggests five dimensions that explain 65.78% of the total variance with a Cronbach's alpha of 0.84. However, forcing in to three dimensions, in line with the proposals of the authors of the original questionnaire and rejecting an item (P7) for presenting an anomalous behaviour of overlap in parts 1 and 2, we obtain a final alpha value Cronbach of 0.74 being explained in this case 55.86% of the total variance. In this refinement, after the principal components analysis, we obtained the following values Cronbach's alpha for each of the dimensions: Practices ($\alpha = 0.74$); Attitudes ($\alpha = 0.75$); Knowledge / Skills and Competencies ($\alpha = 0.95$).

Discussion: Given the actual outcomes, the Portuguese version of QCEPBE presents empirical evidence for its use, being however necessary to exercise further refinement of the analysis specifically through confirmatory factor analysis. Observing studies(5-9) on instruments and assessment of evidence-based practice the QCEPBE presents some limitations regarding the dimensions contemplated particularly as it relates to the knowledge base on clinical practice, the change of sustained practice on evidence, facilitators for change and also skills. Similarly barriers towards evidence-based practice (EBP) are ignored despite the significant weight assuming the incorporation of effective evidence-based nursing(10), either through personal factors, professionals and academics and above all organizational. Therefore the use of QCEPBE should be complemented by other instruments also available validated for the Portuguese reality(8,11). The combined application of these allow assess methodological skills related to EBP, allowing its use among other areas as it relates to training at this level and in the implementation of programs promoting the integration of evidence in care. On the other hand the use of these instruments may help to trace a profile of the professionals who will be required to take decisions(12) and these should always be based on the best available scientific knowledge. The satisfactory results of this exploratory process validation reinforce the importance of it should now be the subject of further clarification and analysis to test the model suggested by the exploratory factor analysis.

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