Factors Influencing the Utilization of Evidence-Based Practice among Nurse Clinicians in a Tertiary Hospital in Benin City, Nigeria

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ABSTRACT

Context: The increased healthcare demand, technological advancements, and knowledge explosion have necessitated a paradigm shift from nursing practice based on intuition and tradition to evidence-based practice.

Aim: The study aimed to assess factors influencing the utilization of evidence-based practice among nurse clinicians in a tertiary hospital in Benin City, Nigeria

Methods: The study adopted a descriptive cross-sectional correlational study design among randomly selected 248 nurses at the University of Benin Teaching Hospital. The researchers developed a structured, validated questionnaire that was used as an instrument of data collection. Data collected was analyzed using descriptive statistics, while the hypothesis was tested using multiple logistic regression at a 5% significance level. Data analysis was done with SPSS version 28.

Results: Results showed that 192(77%) of the nurses had a positive attitude toward evidence-based practice; the findings show 184(74.2%) of the nurses had a low level of utilization of evidence-based practice. Key barriers to implementing evidence-based practice (EBP) among nurses, including lack of confidence in judging research quality (Mean: 2.8), uncertainty about applying research to practice (Mean: 2.8), insufficient time (Mean: 2.8), heavy workload (Mean: 2.8), and lack of workplace authority (Mean: 2.8). Female: (p=0.071, OR = 5.813, 95% CI=2.117−2.254), 31-40 years: (p=0.829, OR=7.289 95% CI=0.118−2.230), 11-15 years of experience (p=0.120 [OR] = 4.812, 95%[CI] = 2.392-12.392), Principal Nursing Officer (p=0.219 [OR] = 6.89, 95%[CI] = 0.041-5.172, more likely to utilize evidence-based nursing practice compared to other categories of nurses.

Conclusion: Utilization of evidence-based practice (EBP) remains low, primarily due to barriers such as time constraints, heavy workloads, and a lack of confidence. Despite these challenges, nurses exhibit a positive attitude toward EBP. Enhancing education, strengthening leadership support, and providing adequate resources are essential strategies for improving the integration of EBP into clinical practice.

Keywords: Clinician, evidence-based practice, nurses, utilization

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1. Introduction

Evidence-based practice (EBP) is a critical approach in clinical decision-making, where the best available scientific evidence is integrated with clinical expertise and patient preferences to provide high-quality care *(Bashar, 2019).* EBP has become the gold standard in healthcare, particularly nursing, by ensuring safe, compassionate, and effective care while fostering nursing excellence *(Munn et al., 2018).* Nurses who provide most healthcare services across various sectors are expected to deliver care that meets the highest quality standards supported by scientific evidence *(WHO, 2017; WHO, 2020).* As a result, EBP has emerged as a key focus in the 21st-century nursing profession, *Shibabaw, (2023),* emphasizing the importance of current, safe, and efficient patient care.

Despite these advancements, the knowledge, attitudes, and utilization of EBP among African nurses remain suboptimal, with many studies revealing limited adoption in the region. For instance, research in Nigeria and Zambia has shown poor knowledge and engagement with EBP among nurses *(Abdulwadud et al., 2017; Jacob et al., 2024).*

However, studies from other regions have demonstrated more favorable attitudes toward EBP. Research consistently concludes that nurses across various settings generally hold positive attitudes toward evidence-based practice (EBP). For instance, *Li et al. (2022)* concluded that psychiatric nurses in China exhibited an overall positive disposition toward EBP. Similarly, *Atakro et al. (2020)* determined that nurses in a Ghanaian teaching hospital maintained favorable attitudes toward EBP. Additionally, *Zammar (2022)* synthesized findings from studies conducted between 2012 and 2021,

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reinforcing the conclusion that most nurses demonstrate a positive outlook on EBP.

In Ethiopia, *Aynalem et al. (2021)* found moderate adoption of EBP among nurses in Amhara Region Referral Hospitals, with 55% reporting good utilization. Likewise, *Atakro et al. (2020)* noted high levels of EBP practice among registered nurses in a Ghanaian teaching hospital. *Ghuloom et al. (2022)* reported moderate implementation of EBP in Bahrain, with 77.2% of nurses falling into the middle range of EBP utilization. Similarly, *Lanssens et al. (2022)* found that over half of Belgian midwives were convinced of their EBP utilization, reflecting moderate engagement with EBP.

These findings highlight the need for continued efforts to strengthen EBP integration in diverse healthcare settings. Also, these studies indicate that while nurses in various countries exhibit positive attitudes toward EBP, the actual utilization of EBP remains varied, with barriers such as lack of time, resources, and training still hindering full integration *Ghuloom et al. (2022)*.

Integrating Evidence-Based Practice (EBP) into nursing is vital for delivering high-quality, patient-centered care. This study is significant as it addresses the limited adoption and inconsistent utilization of EBP among nurses in Edo State, Nigeria, where gaps in knowledge and practice remain prevalent. Despite global progress, research specific to Nigeria is sparse, particularly in exploring the unique barriers and facilitators influencing EBP in this region. This study provides crucial insights that can guide targeted interventions by assessing the attitudes, utilization, and associated factors of EBP among nurses in tertiary health facilities. The findings will contribute to bridging the knowledge-practice gap, fostering a culture of evidence-based care, and enhancing nursing excellence. Ultimately, this research supports improved patient outcomes, aligning with global healthcare standards and advancing the quality of nursing practice in Nigeria. These studies indicate that while nurses in various countries exhibit positive attitudes toward EBP, the actual utilization of EBP remains varied, with barriers such as lack of time, resources, and training still hindering full integration.

2. Significance of the study

Using Evidence-Based Practice (EBP) among nurse clinicians is essential for improving patient outcomes and ensuring high-quality healthcare delivery. However, in Nigeria — particularly in Edo State — EBP adoption remains limited and inconsistent. While studies from countries such as Ethiopia, Ghana, Bahrain, and Belgium have reported varying positive attitudes and moderate utilization of EBP, research specifically focusing on Nigeria is scarce. Existing studies, such as those by *Abdulwadud et al. (2017),* indicate that Nigerian nurses generally have poor knowledge of EBP and low levels of engagement, suggesting the presence of unique barriers to its integration into clinical practice. This study is significant as it seeks to address the gap in research by exploring the specific factors that influence the utilization of EBP among nurse clinicians in a tertiary hospital in Benin City, Edo State. Understanding these factors is crucial, as regional, institutional, and cultural influences may shape EBP adoption differently compared to other countries. By identifying the barriers and facilitators affecting EBP implementation, this research will provide context-specific insights that can inform targeted interventions. Ultimately, the findings will strengthen EBP integration, enhance nursing practice, and improve patient care outcomes within the Nigerian healthcare system.

3. Aim of the study

This study aims to assess factors influencing the utilization of evidence-based practice among nurse clinicians in a Tertiary Hospital in Benin City, Nigeria.

3.1. Research Hypothesis

There is no significant association between socio-demographic characteristics and the level of utilization of evidence-based nursing at a 0.05 level of significance.

4. Subjects & Methods

4.1. Research Design

This study adopted a descriptive cross-sectional correlational design, a research approach used to examine relationships between variables at a single point in time. By adopting a correlational approach, the study highlights patterns and relationships between factors and utilization of EBP without requiring longitudinal tracking. This design is particularly useful in healthcare and social sciences, where understanding associations between variables (e.g., health practices and outcomes) is crucial for developing interventions and policies *(Creswell & Creswell, 2018).*

4.2. Study setting

The research was conducted at a Tertiary Health Facility in Benin City, a major healthcare tertiary institution with a 900-bed capacity. It serves as a referral, diagnostic, research, teaching, and healthcare center in the south region of Nigeria.

4.3. Subjects

The study population consisted of all registered nurses in wards/units of the selected health facilities. According to records from the nursing services department, each facility has 650 nurses.

Sample size determination

The sample is a proportion of a population. Applying *Taro Yamane* formula *(1967)*, n =N / (1+N (e) ²), where,

n = sample size

N = population size

E = level of precision (e = 0.05)

n = N/ (1+N (e) ²)

n = 650/ (1+650 (0.05) ²)

n = 247.6=248 nurses

Applying a 10% attrition (25 nurses), 248 + 25 =273. The sample size calculated was 273. This number constitutes the number of questionnaires distributed; however, 257

questionnaires were completely filled out and returned, making a 94% response rate.

Sampling technique

A multi-stage sampling technique was used to recruit respondents for the study. In the first stage, the hospital was stratified into six medical specialty units: Medical, surgical, pediatric, obstetrics and gynecology, accident and emergency, and ophthalmic units. These medical specialty units were subdivided into wards or units in the second stage. In the third stage, two wards or units were randomly selected from each medical specialty unit through balloting, ensuring that all wards/units had an equal chance of selection.

The randomly selected wards/units were as follows: B4 and A4 from the surgical unit, the labor ward and M1 from the obstetrics and gynecology unit, CHER (Children's Emergency Room) and P. Ward from the pediatric unit, the trauma room and emergency room (medical) from the accident and emergency unit, A5 and A1 from the medical unit, and the ophthalmic ward from the ophthalmic unit.

This multi-stage sampling method ensured a fair and representative selection of participants from the hospital's diverse medical specialties. In the fourth stage, random numbers were generated within each ward/unit to select the required participants. The sample was reviewed to ensure that the correct number of nurses had been selected from each ward/unit. Any discrepancies were addressed by making additional random selections. This process ensured a representative and unbiased sample for the study.

4.4. Tools and Data Collection

4.4.1. Structured Interview Questionnaire

The data collection instrument was a structured questionnaire, meticulously designed, sequenced, and constructed by the researcher with input from the supervisor to ensure the collection of in-depth information. The questionnaire was organized into four sections.

Section A: Socio-demographic information. This section captured the socio-demographic characteristics of the respondents.

Section B: Attitude towards evidence-based practice. This section included 12 closed-ended questions to evaluate the respondents' attitudes toward evidence-based practice.

Scoring system

A mean score equal to or greater than 2.50 indicated a positive attitude, while a mean score less than 2.50 indicated a negative attitude.

Section C: Level of utilization of evidence-based practice: This section consisted of seven closed-ended questions designed to assess the respondents' level of utilization of evidence-based practice.

Scoring system

Responses were scored as follows: Always (4), often (3), rarely (2), and never (1). The total possible scores ranged from a minimum of 7 to a maximum of 28. Utilization levels were classified as follows: low (7-14), moderate (15-21), and high (22-28).

Section D: Factors influencing utilization of evidence-based practice: This section contained 19 closed-ended questions exploring the factors that influence the utilization of evidence-based practice.

Scoring system

A mean score equal to or greater than 2.50 indicated that the item influences the utilization of evidence-based practice, while a mean score less than 2.50 indicated nonfactors.

4.5. Procedures

Ethical approval with protocol number *ADM/E22/A/VOL.VII14838152127* was obtained from the Research Ethics Committee of the University of Benin, and due consent and permission were taken from the participants. Other ethical principles, such as confidentiality and voluntary withdrawal, were strictly adhered to.

Validity/Reliability of the Instrument: To ensure the validity of the questionnaire, content, and face validity were used. The questionnaire was subjected to a panel of three experts in nursing research who are professors to evaluate whether the questions comprehensively cover the study's objectives and whether each question aligns with the specific variables being measured. A split-half reliability test was conducted using the research instrument with 27 nurses (10% of the sample) in another hospital. Internal consistency was assessed using Cronbach's alpha to compute the reliability coefficient. The reliability scores obtained for sections B, C, and D were 0.80, 0.83, and 0.79, respectively, indicating satisfactory consistency. This pilot sample was not included in the main study sample.

Data for this study were collected by distributing structured questionnaires to nurses in the selected hospitals. Nurses recruited for the study were informed about its objectives and procedures, and the researcher worked with them to determine the most suitable times for administering the questionnaires. The questionnaires were given to nurses who agreed to participate and were allowed to complete them at their convenience. The researcher either waited for the completed questionnaires or arranged to collect them after a few hours. The completed questionnaires underwent a thorough review (data cleansing) to filter out invalid responses and maintain data integrity. The valid responses were then compiled and organized for further analysis.

4.6. Strengths & Limitations of the study

Strengths of the study

- Context-specific insights: The study provides valuable, region-specific data that address the unique challenges and facilitators of EBP in this context, filling a critical gap in Benin City, Edo state nursing research.
- Focus on attitudes and utilization: The study highlights attitudes, utilization, and associated factors, offering a comprehensive understanding of EBP adoption. This understanding could be a foundation for designing targeted interventions and training programs.
- Potential for practice improvement: Identifying barriers and facilitators of EBP can directly inform policy and practice changes, promoting the integration of evidence-

based approaches in nursing and improving patient outcomes.
- Pioneering study: Given the scarcity of research on EBP in Edo State, this study serves as a pioneering effort, setting the stage for further investigations in similar contexts across Nigeria.

Limitations of the study
- Sample size and demographics: The study may have a limited sample size or lack diversity in certain demographic factors, which could affect the generalizability of the findings across different nursing populations.
- Self-reported data: The reliance on self-reported data may introduce bias, as participants may overestimate or underestimate their actual EBP utilization or attitudes towards it.
- Cross-sectional design: The study's cross-sectional design does not allow for causal inferences, limiting the ability to determine the direction of the relationship between attitudes, barriers, and EBP utilization.
- Geographic limitation: If the study was conducted in a specific region or hospital setting, the findings may not apply to nurses in other areas or countries with different healthcare systems and resources.

4.7. Data analysis

Descriptive statistics, including frequencies and percentages, were calculated for the key study variables. In contrast, inferential statistics, such as multiple logistic regression, were used, with a significance level set at $p \leq 0.05$ for the hypothesis. Data from the questionnaires were analyzed using IBM SPSS version 28.0.

5. Results

Table 1 shows the socio-demographic data of the respondents; most of the respondents 246(95.6%) were females; the majority, 94(34.3%) were of the age bracket 31-40 years; the highest percentage, 226(87.9%) were married, 162(62.9%) had 11-15 years of experience, 60(23.4%), work in the ER Medical; regarding the cadre of respondents, 132(51.3) were Principal Nursing Officers. In regard to their ethnicity, 176(68.5%) are Bini and 231(89.9%) were Christians.

Table 2 The findings highlight nurses' perspectives and attitudes toward evidence-based practice (EBP). A significant portion (42.4%) strongly agreed that nursing contracts should allocate time for reading and critically appraising scientific papers, and 42.8% expressed a desire for better access to published nursing evidence. However, 43.6% disagreed that applying EBP improves patient healthcare outcomes, and 41.6% disagreed with the notion that reading scientific articles is time-consuming. A notable 46.7% strongly agreed they would assist in implementing EBP if given the opportunity, while 44.7% preferred using traditional methods over adopting new approaches. Additionally, 50.2% disagreed with disliking questions about their clinical practices, yet 44.0% believed EBP has limited utility. A total mean score was 2.7, which indicates a positive attitude.

Figure 1 reveals the composite analysis of nurses' attitudes toward EBP. The majority, 198(77%), of nurses hold a positive attitude toward EBP, while a smaller proportion, 59(23%), exhibit negative attitudes.

Table 3 highlights the level of utilization of evidence-based practice. A significant portion (43.2%) rarely applies evidence-based interventions, while 43.6% consistently evaluate and improve interventions. Many nurses (44.0%) rarely search for relevant literature, and 42.0% do not allocate time to find scientific evidence. Though 47.9% assess the practical utility of studies, over half (54.5%) rarely evaluate or apply scientific articles. Additionally, 58.4% rarely share EBP knowledge with colleagues.

Figure 2 illustrates the overall level of EBP utilization, 74.3% of nurses reported low EBP utilization, indicating a need for greater engagement and support for EBP practices.

Figure 3 illustrates the mean scores of factors influencing the utilization of EBP. The study identified key factors to implementing evidence-based practice (EBP) among nurses, including lack of confidence in judging research quality (Mean: 2.8), uncertainty about applying research to practice (Mean: 2.8), insufficient time (Mean: 2.8), heavy workload (Mean: 2.8), and lack of workplace authority (Mean: 2.8). The least reported barrier was isolation from experienced colleagues for discussing research (Mean: 2.2).

Table 4 shows the Multivariate logistic regression of the association between the utilization of evidence-based nursing and the social demographic characteristics of the nurses. Gender, female: p=0.071, OR = 5.813, 95% CI=2.117−2.254. The association is not statistically significant, but the odds ratio suggests that females might be more likely to utilize evidence-based nursing than males.

Age, 31-40 years: p=0.829, OR=7.289 95% CI=0.118−2.230. Those within the age bracket of 31-40 years are seven times more likely to utilize evidence-based nursing than others. The association was not statistically significant, indicating no clear association for this age group.

Marital status married**:** p=0.046, OR=5.81 95% CI=2.031−5.287. Those who are married are more than six times more likely to utilize evidence-based nursing than others. It was statistically significant ($p<0.05$), suggesting married respondents have higher odds of utilizing evidence-based nursing.

Years of work experience: Those with 11-15 years of experience are five times more likely (p=0.120, OR=4.812, 95%, CI=2.392-12.392) to utilize evidence-based nursing than others. However, this is not significantly associated with the level of utilization.

The cadre of respondents: Principal nursing officers are seven times more likely (p=0.219, OR=6.89, 95%, CI=0.041-5.172) to utilize evidence-based nursing than others.

Table (1): Frequency and percentage distribution of the respondent's Socio-demographic characteristics (n= 257).

Variables	Frequency	Percentages (%)
Gender		
Male	11	4.4
Female	246	95.6
Age		
20-30	67	27.0
31-40	94	34.3
41-50	75	30.2
51 and above	21	8.5
Marital status		
Married	226	87.9
Widow/Widower	31	12.1
Year of work experience		
1-5years	19	7.3
6-10years	31	12.1
11-15years	162	62.9
16-20years	45	17.7
UNIT		
A4	18	6.8
B4	25	9.7
Labour Ward	41	16.1
M1	15	5.6
Cher	25	9.7
P-ward	25	9.7
Trauma	12	4.8
ER medical	60	23.4
A1	30	11.7
Ophthalmic ward	6	2.5
Cadre of respondents		
Nursing officer 1	24	9.3
Nursing officer 2	33	12.8
Senior nursing officer	41	16.0
Principal nursing officer	132	51.3
Assisted chief nursing officer	17	6.6
Chief nursing officer	10	3.9
Ethnic group		
Yoruba	57	22.2
Bini	176	68.5
Others	24	9.2
Religion		
Christian	231	89.9
Muslim	25	9.7
Others	1	0.4

Table (2): Frequency, percentage distribution mean, and standard deviation of nurses' attitudes towards evidence-based practice (n=257).

Variables	Strongly Agree		Agree		Disagree		Strongly Disagree		Mean ±SD	Remark*
	No.	%	No.	%	No.	%	No.	%		
The nursing contract should include time to read scientific papers and critically appraise them.	109	42.4	70	27.2	40	15.6	38	14.8	3.25±0.121	Positive
I would like to have better access to published nursing scientific evidence.	110	42.8	69	28.8	50	19.5	28	10.9	3.01±0.600	Positive
Application of EBP improves patients' healthcare outcomes	15	5.8	50	19.5	112	43.6	80	31.1	2.00±1.710	Negative
I do not like reading scientific articles because it takes much of my time	28	10.9	50	19.5	107	41.6	72	28.0	2.13±0.822	Negative
If I have the opportunity, I would assist in implementing EBP.	120	46.7	80	31.1	30	11.7	27	10.5	3.14±1.901	Positive
I prefer using more traditional methods rather than changing to new approaches in carrying out nursing activities.	115	44.7	30	11.7	60	23.3	52	30.2	2.81±0.203	Positive
I do not like people questioning my clinical practices.	28	10.9	60	23.3	129	50.2	40	15.6	2.29±0.245	Positive
EBP has only limited utility.	113	43.9	53	20.6	40	15.6	51	19.8	3.00±0.5	Positive
Overall mean score									2.70	Positive

**Mean score >2.5 = positive attitude, <2.5 = negative attitude.*

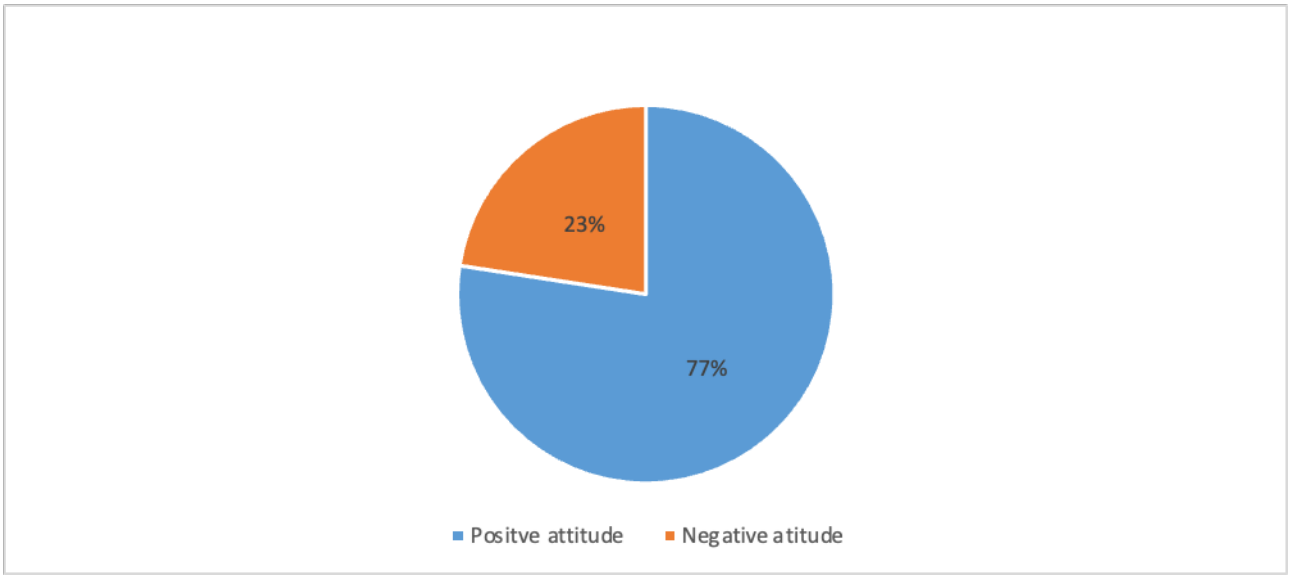

Figure (1): Composite analysis of nurses' attitude toward EBP (n=257).

Table (3): Frequency, percentage distribution mean, and standard deviation of level of utilization of evidence-based practice (n=257).

Variables	Always		Often		Rarely		Never		Mean ±SD
	No.	%	No.	%	No.	%	No.	%	
I apply an intervention based on the applicable evidence from experience.	39	15.2	39	15.2	111	43.2	68	26.5	2.19±1.601
I evaluate the application of intervention and identify areas for improvement.	112	43.6	65	25.3	51	19.8	29	11.3	3.01±1.822
I conduct online searches for available relevant literature for my practice	16	6.2	49	19.1	113	44.0	79	30.0	2.01±0.642
I make time to search for scientific evidence.	30	11.7	48	18.7	71	27.6	108	42.0	2.00±0.802
I analyze the practical utility of a scientific study.	123	47.9	70	27.2	50	19.5	14	5.4	3.18±1.521
I evaluate critically the quality of scientific articles and use them in my practice.	29	11.3	40	15.6	140	54.5	48	18.7	2.20±0.311
I share information on EBP with colleagues.	20	7.8	17	6.6	150	58.4	70	27.2	1.94±0.201
Overall score									2.36

. The total possible scores ranged from a minimum of 7 to a maximum of 28. Utilization levels were classified as follows: low (7-14), moderate (15-21), and high (22-28).

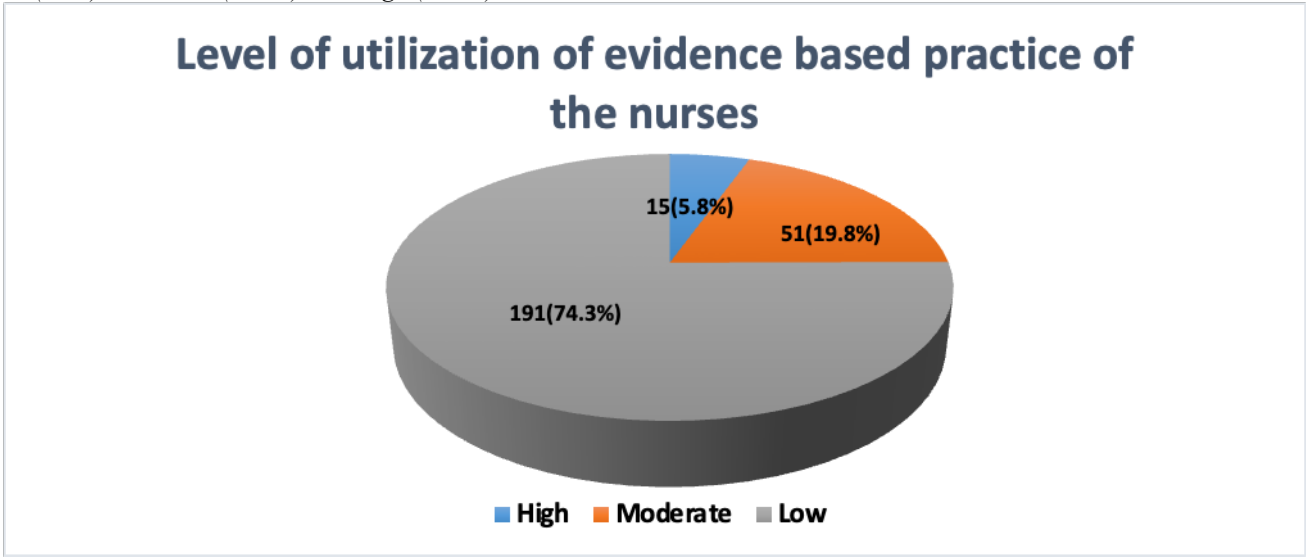

Figure (2): Percentage distribution of level of utilization of evidence-based practice (n=257).

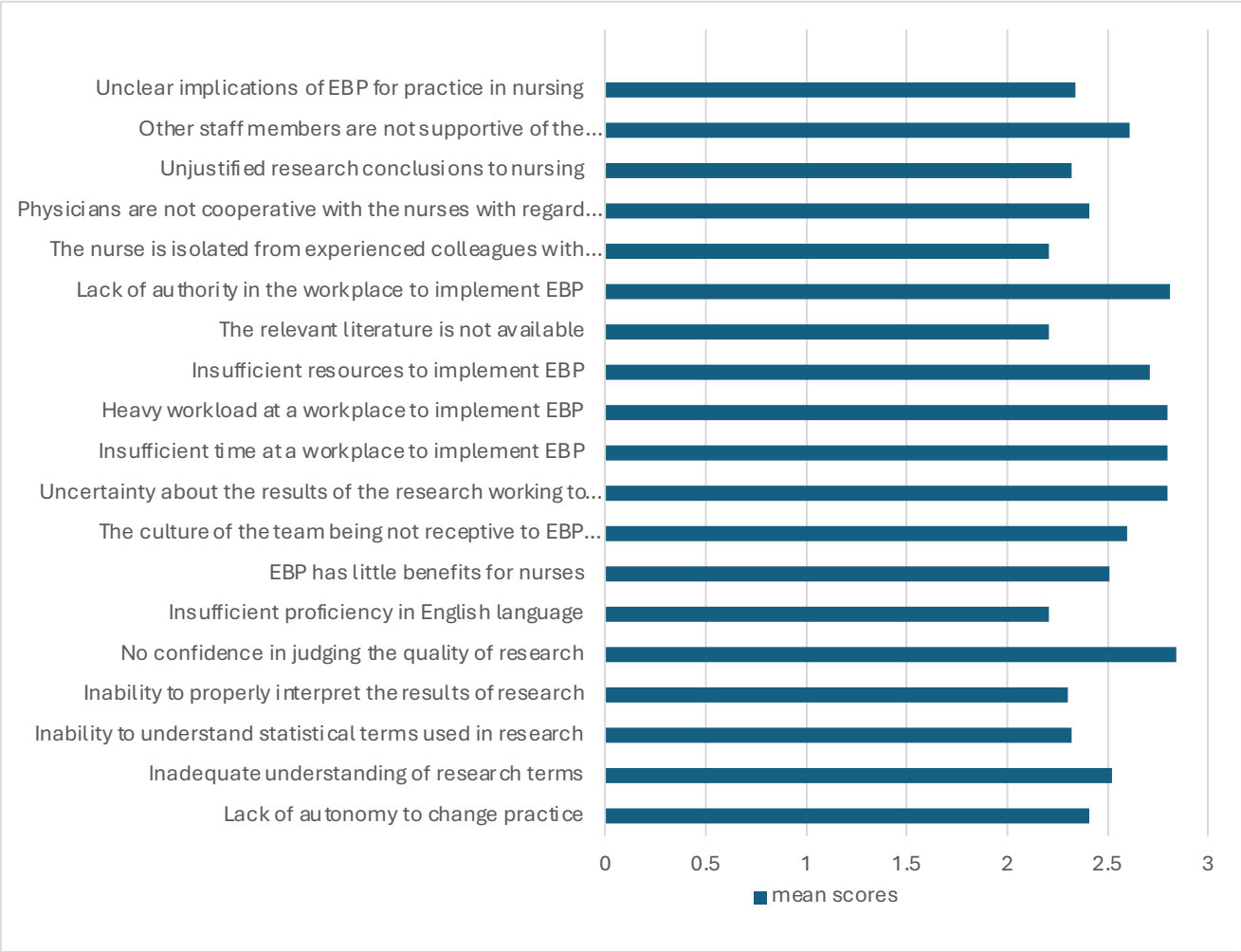

Figure (3): Factors influencing the utilization of evidence-based practice.

6. Discussion

The study assesses factors influencing the utilization of evidence-based practice among clinician nurses in a tertiary hospital in Benin City, Edo state.

The findings of this study provide valuable insights into nurses' attitudes toward evidence-based practice (EBP), highlighting a general openness and identifying areas for improvement. Most nurses supported integrating time into nursing contracts for reading and critically appraising scientific papers and desired better access to published evidence. However, a few proportions expressed skepticism regarding the impact of EBP on patient healthcare outcomes, and some perceived EBP as having limited utility.

These findings align with several previous studies indicating a predominantly positive attitude toward EBP among nurses across diverse settings. *Li et al. (2022)* reported positive attitudes toward EBP among psychiatric nurses in China, reflected by an average attitude score of 24.67±8.16. Similarly, *Atakro et al. (2020)* found that most nurses in a Ghanaian teaching hospital expressed positive attitudes toward EBP, with participants agreeing with statements that highlighted its importance. *Zammar (2022)* also supports this trend, with an integrative review revealing favorable attitudes toward EBP in most of the eight eligible studies reviewed.

Likewise, *Lanssens et al. (2022)* found that midwives in Belgium held positive attitudes toward EBP, underscoring the acceptance of EBP across nursing and midwifery disciplines. *Bashar (2019)* further corroborated these findings in a study involving nurses in a Kuala Lumpur teaching hospital, where participants demonstrated positive attitudes toward EBP.

However, the skepticism observed in this study about EBP's impact on healthcare outcomes and its perceived utility parallels the findings by *Ghuloom et al. (2022).* Their study in Bahrain revealed that less than half of the nurses (44.3%) had a positive attitude toward EBP. This finding suggests that contextual factors, such as institutional support, workload, and resource access, may influence attitudes.

The finding that some nurses view EBP as having limited utility may reflect barriers such as a preference for traditional practices, insufficient training in research appraisal, or lack of institutional support. Addressing these barriers is critical for fostering a culture that fully embraces

Table (4): Multivariate logistic regression of association between demographic characteristics and level of utilization of evidence-based nursing.

Demographic characteristics	P	OR	95% Cl for OR
Gender			
Male	0.096	1.071	1.208-3.741
Female	0.071	5.813	2.117-2.254
Age			
20-30	0.031	1.086	0.082-2.581
31-40	0.829	7.289	0.118-2.230
41-50	0.000	1.223	0.319-4.935
50 and above	0.021	0.12	000-1.214
Marital status			
Married	0.046	5.81	2.031-5.287
Widow/Widower	0.621	1.16	0.174-8.635
Divorced	0.100	0.03	1.864-69.373
Year of work experience			
<5 years	0.921	2.26	3.074-8.999
6-10 years	0.826	3.00	2.031-3.177
11-15	0.120	4.812	2.392-12.392
>16 years	0.061	2.96	1.074-9.609
Cadre of respondents			
Nursing officer 1	0.010	1.61	22.392-12.392
Nursing officer 2	0.180	2.02	0.074-8.399
Senior Nursing Officer	0.002	0.13	0.074-8.980
Principal Nursing Officer	0.219	6.89	0.041-5.172
Assisted Chief Nursing officer	0.237	1.82	2.074-8.596
Chief Nursing Officer	0.116	1.25	1.074-8.594
Ethnic group			
Yoruba	0.200	7.42	4.515-16.539
Bini	0.320	2.63	3.233-25.774
Others	0.031	0.37	8.569-38.392
Religion			
Christian	0.203	6.78	7.344-49.952
Muslim	0.190	3.15	2.062-29.301
Others	0.130	0.31	2.052-25.201

OR: Odds ratio. CI: Confidence interval.

EBP. As expressed by many nurses, the desire for more time and access to resources echoes recommendations from prior studies advocating for structured support systems to facilitate EBP integration *(Zammar, 2022; Lanssens et al., 2022).* The overall positive attitude reported in this study is encouraging, as it reflects a willingness among nurses to engage with EBP. However, few respondents' skepticism and perceived limitations highlight the need for targeted interventions.

The findings from this study underscore significant challenges in integrating and utilizing evidence-based practice (EBP) among nurses. Many respondents reported rarely applying evidence-based interventions, with many not actively engaging in critical activities such as conducting online searches for relevant literature or allocating time for finding scientific evidence. While some nurses consistently evaluate and improve interventions, and nearly half assess the practical utility of studies, the critical evaluation and incorporation of scientific articles into practice remain rare. Additionally, most respondents reported limited sharing of EBP knowledge with colleagues, indicating a lack of collaboration and dissemination of evidence-based knowledge within teams.

This finding suggests a widespread gap in the adoption and integration of EBP into routine nursing practice. When comparing these findings to other studies, mixed results across different regions were revealed. For instance, in a study by *Aynalem et al. (2021)* conducted in Amhara Region Referral Hospitals in Ethiopia, 55% of nurses reported good utilization of EBP, reflecting a moderate level of EBP adoption. Similarly, *Alemayehu and Jeevor (2021)* also found that 55% of nurses in Ethiopia reported good utilization of EBP, which aligns with the moderate EBP adoption observed in other studies. However, the reported utilization in the current study, which suggests predominantly low utilization, contrasts with these findings, highlighting that the nurses in this study face even more significant barriers to EBP integration.

Ghuloom et al. (2022) in Bahrain found that 77.2% of nurses were moderate implementers of EBP, suggesting that while there is moderate engagement with EBP, the level of implementation was not optimal. This finding is consistent with *Lanssens et al. (2022),* whose study of Belgian midwives revealed that 51.4% of respondents were convinced of their EBP utilization, indicating moderate levels of adoption. In contrast, the current study's findings of low utilization highlight a potential gap in the commitment or resources needed to adopt EBP effectively, further emphasizing the challenges nurses face in fully embracing evidence-based practices.

Ethiopian studies conducted by *Megersa et al. (2023)* and *Dagne et al. (2021)* indicated that between 52.4% and

55% of nurses demonstrated good to moderate EBP utilization, which is consistent with findings from *Aynalem et al. (2021)* and *Alemayehu and Jevoor (2021).* However, *Dagne et al. (2021)* reported that only 34.7% of participants implemented EBP moderately or desirably, which mirrors the findings of this study, where low utilization is prominent.

Nonetheless, a study by *Jacob et al. (2024)* in Anambra State, Nigeria revealed that while a majority (82.7%) had good knowledge of EBP, over half (53.5%) exhibited a negative attitude towards it, and a significant portion (70.1%) demonstrated poor EBP practices. This finding suggests that while some nurses and midwives show moderate engagement with EBP, overall utilization remains limited, pointing to systemic or individual barriers preventing broader adoption.

In contrast, the study by Li et al. (2022) on psychiatric nurses in China found inadequate implementation of evidence-based practice (EBP), with an average practice score of 23.05. While this score was higher than the current study's, it remains low compared to the expected standard. This finding indicates that although some regions moderately adopt evidence-based practice (EBP), significant challenges remain, especially in full integration into clinical practice. While there is some evidence of moderate EBP utilization across different regions, the overall trend points to challenges in fully integrating evidence-based practices into nursing care. The findings from this study, combined with those from other studies, suggest further efforts to increase the engagement and integration of EBP, including providing adequate time, resources, and support to foster a more widespread adoption of evidence-based practices in nursing care.

The findings of this study highlight several key barriers to the effective implementation of evidence-based practice (EBP) among nurses, which align with trends observed in other studies globally. The primary barriers reported include a lack of confidence in judging the quality of research, uncertainty about applying research findings to practice, insufficient time, heavy workload, and lack of authority in the workplace. These challenges reflect global trends and highlight systemic issues that hinder EBP adoption. A lack of research literacy and structured frameworks prevents nurses from confidently integrating evidence into practice. High workloads and time limitations further restrict opportunities for research engagement. Additionally, hierarchical decision-making structures reduce nurses' autonomy in implementing EBP.

These barriers are consistent with the challenges identified in several studies conducted in different countries. In the study by *Lanssens et al. (2022)* in Belgium, barriers such as lack of time (35.9%), access to resources (19.5%), and lack of support (17.9%) were found to hinder the use of EBP guidelines. This finding mirrors the results from the current study, where insufficient time and workload were major barriers, emphasizing how structural constraints and lack of resources can prevent nurses from fully engaging in EBP.

Jacob et al. (2024) in Anambra State, Nigeria, revealed factors such as lack of time, resources, and access to research literature were identified as barriers to effective EBP implementation. *Abdulwadud et al. (2019)* in Zambia's findings indicated limited awareness and utilization of EBM resources and highlighted barriers such as lack of access to information and insufficient training. These findings highlight nurses' systemic challenges in integrating research into practice, with limited time and overwhelming workloads often cited as major impediments.

Furthermore, the lack of authority to implement EBP, identified as a barrier in this study, is reflected in the findings of *Megersa et al. (2023)* in Ethiopia, where nurses in administrative positions were more likely to engage in EBP. This finding suggests that having a higher degree of autonomy or authority within the workplace may facilitate the adoption of EBP. Nurses in leadership positions or with decision-making power are more likely to influence the practice environment and implement evidence-based strategies, supporting the idea that organizational hierarchy and authority play critical roles in EBP utilization.

The study by *Aynalem et al. (2021)* identified several predictors of EBP utilization, including knowledge of EBP, communication skills, internet access, and the availability of guidelines. These factors were associated with better use of evidence in clinical practice. Similarly, the current study's findings indicate that knowledge and confidence in research are key factors in overcoming barriers to EBP. The availability of resources, such as internet access and EBP training, is also essential in supporting nurses to stay informed and confident in utilizing evidence-based practices.

Additionally, the role of social isolation, which was reported as a lesser barrier in the current study, contrasts with findings from *Alemayehu and Jevoor (2021)* that suggest a collaborative environment, including peer support and communication, is crucial for effective EBP utilization. Nurses who work in supportive environments with access to experienced colleagues are more likely to implement EBP successfully. However, the current study indicates that while isolation from colleagues is still a factor, it is less influential than workload and lack of time, highlighting that structural and organizational factors are more prominent barriers than social support. To overcome these barriers, healthcare institutions must strengthen research training, provide mentorship, allocate dedicated time for EBP activities, and empower nurses in clinical decision-making. Addressing these issues will enhance patient care by ensuring clinical decisions are based on the best available evidence.

The findings suggest that while some demographic factors influence the utilization of evidence-based nursing (EBN), their significance varies. Specifically, the study found that gender, age, and work experience were not statistically significant factors. However, the odds ratio indicated that females might be more likely to utilize EBN than males. This finding aligns with some of the trends observed in other studies, such as *Megersa et al. (2023),* which found that factors like administrative position and education level significantly predicted EBP utilization, highlighting the role of professional standing and knowledge in practice.

In terms of age, the group aged 31-40 years was found to be more likely to utilize EBN, though this result was not statistically significant. Other studies, such as *Aynalem et al. (2021)* and *Lanssens et al. (2022),* have highlighted the role of knowledge and communication skills in EBN utilization, which may explain the higher likelihood among this age group, as they may be more experienced and better trained, even if this was not statistically confirmed in this study.

The marital status finding, which is statistically significant and shows that married individuals were six times more likely to engage in EBN, aligns with findings from studies like *Dagne et al. (2021),* where personal circumstances such as age, marital status, attitude, and self-efficacy were linked to EBP implementation. This finding may reflect a sense of responsibility or stability in married individuals, encouraging greater engagement with evidence-based practices.

Regarding work experience, the results suggest that those with 11-15 years of experience were more likely to utilize EBP. However, this was not statistically significant; this suggests that while a pattern was observed, it may have occurred by chance rather than indicating a true association. Other factors, such as training, workplace policies, or personal motivation, could play a role in EBP utilization, and further research with a larger sample or different methods may be needed to confirm this trend.

This finding aligns with *Ghuloom et al. (2022),* where nurses with higher knowledge, often gained through experience, were more likely to implement EBP. However, experience alone, without additional support or resources, does not guarantee higher utilization, as evidenced by the non-significant result in this study.

Finally, the cadre of respondents also played a role, with Principal Nursing Officers being more likely to utilize EBN. This finding correlates with the work by *Megersa et al. (2023),* where those in administrative or leadership positions had higher odds of engaging in evidence-based practices, likely due to their authority to make decisions and influence practices within their units.

The study emphasizes the importance of fostering a positive attitude towards evidence-based practice (EBP) among nurses, regardless of demographic factors. This finding can be achieved through education, training, and highlighting EBP's role in improving patient outcomes. Key barriers like time constraints, lack of support, and limited confidence in evaluating research must be addressed to improve EBP adoption. Leadership plays a crucial role, with nursing leaders creating an environment that supports EBP through role modeling, resource allocation, and policy development. Enhancing nurses' attitudes and skills, along with strong organizational support and leadership, is essential for successful EBP integration.

7. Conclusion

The study highlights an overall positive attitude towards evidence-based practice (EBP) among nurses, which is encouraging as it indicates a readiness to engage with EBP. However, this optimism contrasts with the low utilization of EBP observed in practice. The study also identifies significant barriers to EBP integration, including time constraints, heavy workloads, lack of confidence in evaluating research, and insufficient workplace authority. These barriers must be addressed to enhance attitudes and practical EBP utilization. This utilization can be achieved by promoting continuous education, fostering supportive leadership, and ensuring adequate organizational resources. Creating an environment conducive to EBP will be essential for its broader adoption and effective implementation in nursing care.

8. Recommendation

Based on the findings of this study, the following were recommended:

- Addressing barriers to EBP: Time should be allocated for EBP activities during work hours, confidence-building training should be provided, and access to essential resources like research journals and databases should be ensured.
- Promoting supportive leadership: Nursing leaders should model EBP, mentor their teams, and establish policies prioritizing evidence-based care.
- Improving organizational support: Healthcare facilities should integrate EBP into their policies, allocate adequate resources, and provide tools to support clinical decision-making.
- Fostering an EBP culture: A culture that values and rewards EBP engagement should be cultivated through recognition and incentive programs.
- Encouraging further research: Further studies should explore interventions' long-term impact and leadership strategies' role in EBP adoption.
- Building collaborative networks: Partnerships with academic institutions and professional organizations should be established to support the dissemination and practice of EBP.

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