

CHALLENGES OF EVIDENCE-BASED PRACTICE IN NIGERIA

“ENUKU CA & IGBINOSUN PE

ABSTRACT

The use of Evidence-Based Practice (EBP) in health care delivery is on the increase in Europe, North America and Australia. EBP has developed from Evidence-Based Medicine and has taken centre stage in health care delivery in the past two decades. EBP is seen as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.” This paper discusses some of the advantages of EBP if adopted in health care delivery in Nigeria. The paper also examines the unique challenges of the absence of EBP in nursing curriculum, technological infrastructure, changing practice, library facilities, leadership and funding issues. The paper finally reflects on some strategies to overcome these challenges.

Objectives of the paper

This Paper aimed at identifying the factors responsible for the challenges of evidence-based practice in Nigeria.

- To ascertain why evidence-based practice is not in use in Nigeria.
- To determine the challenges of evidence-based practice in Nigeria.
- To suggest the way forward.

Introduction

In recent times there has been a paradigm shift to evidence-based practice (EBP) in health care delivery. This is done to deliver the most appropriate care to patients with the use of an integration of current research evidence, clinical practice and understanding of patient values and expectation.¹

In the 1980s, the term “Evidence-Based Medicine” emerged to describe the

approach that used scientific evidence to determine the best practice. Later the term shifted to become “Evidence-Based Practice”. This was done to embrace other health care professionals who recognized the importance of scientific evidence in clinical decision making. With these developments, greater emphasis has been placed on the need to provide healthcare informed by evidence of effectiveness, the premise being that the use of evidence will optimize health outcomes for the service user and maximize use of finite health care resources.

Following this shift to evidence-based practice, in some countries the drivers of EBP have come from political and policy initiatives which also instigated the establishment of organizations to develop guidance to inform health care such as the National Institute for Health and Clinical

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Enuke C.A. Department of Nursing Science, University of Benin, Benin City, Nigeria.

Igbinosun P. E. Institute of Public Administration and Extension Services, University of Benin, Benin City, Nigeria.

Corresponding Author:

Enuke C.A.

Department of Nursing Science, University of Benin, Benin City.

Email: akpoigho@yahoo.com

Effectiveness (NICE) in England and Wales, Scottish Intercollegiate Guideline Network (SIGN) in Scotland and the United States Agency for Health Research and Quality.²

The focus of this paper is to examine what is evidence-based practice and the challenges facing its adoption and use in Nigeria.

At this point in time there is a dearth of literature on EBP relating to the Nigerian Scene. This could mean that not much work has been carried out by scholars or very little has been published. This paper's main contribution to knowledge is that it would help to generate dialogue among Nigerian nurses as to the value of EBP. It would therefore help to fill in the gap of existing knowledge of EBP among Nigerian Nurses. However, there has been so much work published in the past two decades in Europe and North America. The first step is to examine the concept of evidence-based practice (EBP).

Evidence-Based Practice (EBP)

As indicated above the term EBP originated from Evidence-Based Medicine (EBM) which was expanded to embrace other health professionals. The term EBP has been accepted by other professionals in education and criminal justice. Thus, various definitions of evidence-based practice has emerged in literature but one of the most commonly used definition is "the conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patient."³ EBP is also defined, as the process of shared vision, decision making between practitioner, patients and others significant to them based on research, the patient experience and preference, clinical expertise or know-how and other available robust sources of information."⁴

Since introduction of EBP a plethora of literature advocating the use of recent evidence on which to base clinical decisions has become available. EBP is a concept that challenges and requires nurses and health care practitioners to alter their culture. It is a clarion call for the need to move away from nursing practice and 'because Sister says' and towards making use of current research and evidence. This challenges practitioners to justify their clinical decision making.^{5,6,7,8}

The importance of clinical judgment is acknowledged in evidence-based practice model. Evidence-based practice provides a useful set of tools for problem solving/decision making and for self-directed-patient-problems centred life long learning.⁹ Problem solving and decision making are an important part of the repertoire of skills of the autonomous practitioners.¹⁰ and evidence-based practice offers a potentially useful framework for improving individual and organizational performance¹¹ by providing a set of tools which help practitioners keep up with and appraise developments in the increasing complex health care.¹²

Why Evidence Based Practice

Various reasons have been adduced for nurses to embrace evidence-based nursing. One of the reasons is that for nurses to be equal partners in clinical and health care decision-making, it is essential that they are conversant and competent in accessing and applying evidence in their work.¹³ The call for nursing to become an evidence-based profession date back to 1922 in the 'Briggs Report' by DHSS.¹⁴

Another reason is the priority placed on EBP in current health policy in the advanced economies as a means of delivering effective and efficient health

care.¹⁵ Greenhalgh¹⁶ claim that EBP provides a structural and systematic approach to clinical decision-making. McEwen¹⁷ pointed out that many nursing scholars believe evidence-based nursing practice will fill the gaps that are present between research, theory and practice. McEwen¹⁷ suggested that evidence-based nursing de-emphasizes rituals, isolated and unsystematic clinical experiences and ungrouped opinions and traditions as the basis for practice. Evidence-based nursing practice recognizes the importance of intuition and sound judgement¹⁸ but also incorporates the components of current best research evidence on which clinical practice guidelines are based. The emergence of clinical governance as a fact in promoting quality care has also raised the profile and importance of EBP¹⁹ and in addition, Rosenburg and Donald²⁰ observed that EBM integrates medical education with clinical practice. In the United Kingdom, government plan for clinical governance includes the use of EBP in decision-making²¹. Other clinical and management health professions are becoming more accomplished at using evidence in their decision-making than nurses. If nurses do not get involved in EBP, they will find themselves increasingly isolated and powerless if they fail to integrate evidence-based skills into their practice. Getting into the evidence-based practice train is necessary for personal and professional growth in an age of information explosion. This will in turn help nurses to key into the world of change to evidence practice.

Challenges

1. At this point in time there is a dearth of literature on EBP in Nigeria. It is, therefore, difficult to get researches on EBP in Nigeria. However, anecdotal evidence suggests that EBP may not be in use in most Nigerian health care

facilities. This may be due to the fact that most nurses in practice today may not have been taught EBP as students.²² This view is supported by the lack of EBP in the National Health Policy and Strategy.²³ as discussed in the National Health Research:

“Mechanisms shall be devised to promote support and coordinate research activities in the high-priority areas and to strengthen the research capabilities of national institutions to enable them to undertake these essential tasks”.

The absence of EBP in the National Health Policy seems not to encourage the acceptance and growth of EBP in Nigeria. The National Health Policy may have policy implications for health institutions like the Nursing and Midwifery Council of Nigeria to include the need to up date knowledge and introduce EBP in nursing curriculum in Nigeria.

It has been observed that nursing education at both the baccalaureate and masters levels has historically focused on preparing nurses who are generative of research instead of evidence users, who can efficiently translate research findings into practice to improve clinical care²⁴. This inability to translate research into practice is due to the fact that many nurses have negative attitudes towards research in large part due to the manner in which they were taught research in their educational programmes. The same pattern has been observed in the United Kingdom. Following the adoption of Project 2000²⁵ it was accepted that nurses' teachers had to be increasingly involved in research. However, it was discovered that many nurse teachers had been prepared only to teach and numerous studies reported that they lacked research training and skills.²⁴

In the same vein it has been observed that in a traditional research class most students do not believe that they will ever develop a research project, so their motivation to learn is minimal.²⁶ Knowledge from traditional research courses does not translate to the ability to confidently read and critique research literature. Given the inadequacies of the limitations of traditional research courses like those in most nursing programmes in Nigeria today, it seems plausible that nurses currently being trained may lack sufficient knowledge to begin to adequately implement EBP in clinical settings.²⁷

2. Technology infrastructure

Access to the necessary information technology is clearly essential for practitioners to undertake EBP. Lack of access and ability to use information technology (IT) is one of the challenges to the practice of EBP in any country.²⁸ In Nigeria, IT is not available in most health care institutions, where they are available, they may be in the office of Chief Executive Officer or administrators' office and not in the wards or nurses office.

3. Difficulty in Changing Practice

The practice environment can be resistant to change and wanting to maintain conventional methods of practice. This can be because of reluctance to believe in EBP over safe traditional practices, cost of adopting new practices.²⁹ Loyd asserted that it is important to show practitioners who may be resistant to changes in nursing practice the benefits that nurses, their patients and their institutions can reap from the implementation of evidence-based nursing practice which is to provide better nursing care. Resistance

to change and authority is part of human nature and human nature offers many challenges to evidence-based practice.

4. Absence of Library facilities and support staff

Most libraries in Nigeria are not stocked with current journals and or electronic versions of current journals, to facilitate the search for evidence. For EBP to flourish, libraries are supposed to have internet access to Medline, CINAHL and Cochrane data bases. Closely related to the above is the fact that most librarians in Nigeria may not have been trained in searching computerized data bases. The lack of knowledge in search technique in generating evidence has been identified as a major challenge in adopting evidence-based practice.³⁰

5. Using evidence in daily practice

Since EBP was introduced increasing attention has been focused on its adoption in different countries, through the use of Randomized Control Trials (RCTs) and Systematic Reviews. Despite this increased attention to EBP by health-care providers, implementation of EBP has proved to be difficult.³⁰ One reason being that busy health-care professional cannot generally be expected to analyse and synthesize original research evidence as a continuous part of their daily clinical activity. Many others do not have the requisite skills and knowledge to discriminate between low and high quality trials or to correctly interpret trial findings because of inadequate preparation. This may be particularly true of the Nigerian scene where EBP is at its infancy.

6. Evidence-Based Guidelines

In Nigeria, there are no national institutions set up to develop evidence-based guidelines for practice as they exist in England, Wales and Scotland earlier referred to in this paper. For instance the Scottish Intercollegiate guideline (SIGN) has developed SIGN 50 which is used for appraisals of evidence.³¹

7. Team Work

Evidence-based practice is a multi-disciplinary strategy in which full implementation of evidence requires full collaboration of different health – care professionals.^{32,33} However, multi-disciplinary practice is not well developed in the Nigerian health system. The work environment tends to be skewed in favour of some dominant professionals which may not encourage the growth of EBP in Nigeria.

8. Funding Issues

Research funding is another major challenge in implementing evidence-based practice in Nigeria. Funding of research, training and retraining of staff both in the clinical and academic areas is very important in EBP.^{13,34} They further assert the overall responsibility for developing the work force or improving the quality of education that is provided to health care providers. This will encourage staff to make the most of opportunities to access lifelong learning.

9. Time factors

One of the major issues present in clinical practice settings is time constraints. Nurses feel they are too busy to take part in evidence-based nursing activities^{35,36,37}. As young³⁷

asserted that nursing's worth continues to be measured in tasks rather than the critical thinking being done by nurses. Farrell³⁸ referred to this as task-time imperatives in which the patient's day is constructed within strict task-time grids. Farrell³⁸ suggested that consequences of striving to meet strict task-time schedules are that they can entrap nurses. Unfortunately, these task-time imperatives are well established within many clinical practice settings. Malijamian³⁹ emphasized that although the provision of task-oriented care is rewarding to some, the efficient provision of ineffectual care is not good caring. He³⁹ further concluded that integration of best current evidence with care activities leads to evidence-based practice in nursing that is synonymous with caring. Adherence to task-time imperatives may leave little time for nurses to explore and envision sound evidence as a base for practice.

10. Nursing culture

Nursing culture and Practice are closely interrelated and the totality of nursing cannot be divided between them with any great conviction⁴⁰. The aspect identified is in the area of over simplifications of complex issues, the concept of the patient having a problem requiring nurses to search for best available evidence to solve it seemed out of place in an environment which emphasized "Routine" nursing care. Qualified nurses indicated that they probably had (or were expected to have) most of the knowledge they need to practice and that any gaps were filled by colleagues. It was not the norm for these nurses to search for answer to a practice question in the

research literature, unless it was in the context of a project for which there was some kind of personal goal. Young³⁷ emphasized that when staff nurses were asked where they found answers to practice question or problems, many answered that they did not have any question or problem that they asked the physicians⁴¹, also alluded to the fact that staff nurses tended to use their colleagues as their primary source of information and use individual research or the library as a last resort.

The challenges to the development and implementation of EBP enumerated here is by no means exhaustive. In the next section, efforts will be made to explore the way forward.

WAY FORWARD

Against the background of the numerous advantages of EBP enumerated in this paper there is need to overcome the challenges of adoption and its use in order to reap its full benefits. Nurses and other health care professionals in Nigeria need to take the following steps:

1. Clinical Governance

Clinical governance highlights the effectiveness of EBP. According to the Department of Health¹⁹ clinical governance is described as a framework for continuous improvement of quality services and safe guarding high standard of care by creating an environment in which excellence in clinical care will flourish. The following steps are used to develop clinical governance:

- Each department should hold a time out to discuss the implications of clinical governance

- Nursing and medical clinical governance leads should be chosen from each department.
- The timing and content of clinical governance meetings should be agreed. Dedicated roles should be assigned to different clinicians to ensure shared responsibility for progress.
- Each department should develop their own programme which includes clear objectives and targets for review that reflect local priorities.
- Departmental programmes should be reviewed by a steering group. The key principle for clinical governance should be self-regulation but with a strong emphasis on transparency and clear reporting.
- Training and development for leadership and specific skills within each department should be identified.
- A monthly Trust Clinical Governance group comprising the clinical governance leads from all departments should be established.
- Steps should be taken to establish or strengthen a district-wide forum for clinical governance leads from Trusts, primary care groups and the health authority

2. Provision of Technical Infrastructure

Emphasis was on the provision of technological infrastructure in institutions e.g. internet access, access to evidence via new and improved

databases and websites to support EBP¹³. Libraries should be stocked with evidence needed for practice and staff trained in evidence-based practice.

To be successful in moving evidence into practice, teaching strategies must include EBP approach across the curriculum⁴². For learners to grasp the need for integrating EBP principles and to evaluate the transfer of information effectively, the culture must involve EBP. Including it in the curriculum means nurses will be able to practice EBP approach of research analysis. Critical appraisal skills should also be taught as against the traditional process⁴³. If this is done, nurses would be able to analyze research methods and findings and determine the applicability of the evidence to their own situation.

3. Transformational Leadership

The transformational leadership is an interactive relationship which could sustain EBP implementation⁴⁴. The collective purpose of EBP will enhance the facilitation of individual staff to the use of guidelines. This would influence organizational structure and processes.⁴⁵ Having a transformational leader would create a synergistic environment that embraces change. Change occurs because of the transformational leader's futuristic focus, values, creativity and innovation which is crucial to EBP implementation⁴⁶.

Conclusion

This paper is made up of four parts. The first gives a background to the concept of evidence-based practices, its origin in medicine and growth to embrace other health care professionals. Its development

has been enhanced by political and policy initiatives. The second part examined the reasons for its acceptance and spread to other countries of Europe, North America and Australia. The third part examined the challenges that may face EBP adoption and in the Nigerian context. The fourth part examined some steps that could facilitate the implementation of EBP in Nigeria. These include the adoption of clinical governance in healthcare system, provision of technological infrastructure in healthcare institutions and transformational leadership. Some of the first steps have been taken with the inclusion of EBP as major themes in recent conferences, there is need to build on these efforts in order to develop it in detail.

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