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EVALUATION OF BARRIERS TO THE IMPLEMENTATION OF EVIDENCE-BASED PRACTICE (EBP) AMONG NURSES WORKING AT FEDERAL TEACHING HOSPITAL ABAKALIKI (FETHA II).

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ABSTRACT: *This research study was designed to evaluate the barriers to the implementation of evidence-based practice among nurses working at Federal Teaching Hospital, Abakaliki, (FETHA II). The objectives of the study were to; ascertain EBP knowledge among nurses; identify their sources of knowledge; ascertain their extent of EBP implementation; and to identify their perceived barriers to reviewing research reports and changing practice on the basis of current best evidence. Four research questions guided the study. Related literature was reviewed and summarized. A descriptive survey method was used in carrying out the study. The study sample consisted of 90 registered nurses selected from a target population of 226, using a stratified random sampling technique. Instrument for data collection was a structured questionnaire. The instrument was validated by the project supervisor and four other health promotion experts in other Nigerian universities. Reliability of the instrument was established by exposing the structured questionnaire twice to a pilot study group of 10 nurses at FETHA 2. Major findings from collected data were analysed using descriptive statistics of frequency, percentages and tables which showed that; nurses face a lot of barriers to using evidence in practice which include; poor knowledge of EBP as a concept, use of intuition and reliance upon past training experience in the delivery of care, time constraint, unsupportive staff and management, lack of authority to change practice, among many others .The following recommendations were made; the Nursing and Midwifery Council of Nigeria (NMCN), should incorporate EBP teachings into the curricula of various nursing training institutions, organising of workshops and seminars on EBP concepts, formation of EBP study clubs, updating libraries and provision of internet access by Nigerian Teaching Hospitals.*

KEYWORDS: Evidence-Based Practice, Barriers, Nurses, Implementation.

INTRODUCTION

Background of the Study.

In recent years, in accordance with the emergence of the major policy themes in the modernization of the National Health service (NHS) as a whole and of nursing in particular, there has been a growing focus on quality improvement including moving from a traditional intuition–based paradigm to evidence-based nursing practice (EBP) (Melnyk, 2005).

Evidence-Based Practice in nursing (EBP) is a framework for clinical practice that integrates the best available scientific evidence with nurses' expertise and the patient's preferences to decide about health care of individual patients (Coopney *et al.*, 2006). The basic steps involved in evidence–based practice include; (1) Defining a problem, and formulating clinical questions

that can be answered through research or other sources of evidence; (2) Finding the best evidence to answer these clinical questions; (3) Assessing the validity of the evidence to provide answer to clinical questions; (4) Incorporating the evidence with the nurses' expertise and patients attitude; (5) Evaluating the whole process and the results (Levin, 2006).Researchers have argued that daily practice in nursing care is influenced more by tradition, intuition and experience and less by scientific research (Scudder, 2006).

The reasons why nurses should integrate research findings in their routine practice are several according to Funk *et al.*, (2011). Utilization of research findings increase the quality of healthcare, provides increased efficiency in patient care (Pettengill, 2009), and also, personal and professional attitudes of the nurses are developed (Funk, 2011). Nursing research produces knowledge that nurses can use in their routine work (Oranta,2007).

In a meta- analysis designed to identify the contribution of evidence –based practice to patient outcomes, results were presented from 84 research studies concerning nurses and involving 4146 patients, it was reported that patients who received care based on the best and latest evidence from well-designed studies, experienced 28% better outcomes in behavioural knowledge as well as physiologic and psychosocial outcomes than patients whose care was based on traditional practice (Melnyk, 2005). Despite the advantages of evidence-based practice, research reveals that nurses prefer to be informed by colleagues, rather than using the internet or nursing databases and that most rely on what they learned during their nursing education and from experience (Estabrooks, 2010). Few nurses appear to use library services and even when knowledge is acquired through journal reading, it is rarely systemically applied (Banning, 2009). However, a recent study revealed that the sources of nurses' professional information are literature searches, medical journals and reports of controlled experiments (Banning, 2009).

The consensus on the importance and benefits of evidence based practice in nursing along with evidence that actual implementation is rare, has generated efforts to develop strategies to facilitate dissemination of evidence based practice at the organizational and individual levels (Kitson *et al.*, 2012). Funk *et al.*, (2011) developed a model to identify variables influencing the implementation of EBP and found the organization to be the foremost important factor. Thompson (2007) similarly, conducted a systematic literature review about activities performed to enhance the use of research findings in nursing practice and he found organizational training to be the most important factor. He therefore proposed an integrative approach emphasizing the importance of research synthesis, access and dialogue, and the structure and support of practice institutions.

A number of large institutions In the United States of America (USA) have declared that evidence-based practice is the formal policy of their organization, and their management has made special efforts to implement evidence-based practice by engaging a nursing research co-coordinator, operating a nursing research committees and offering a course in evidence–based practice to head nurses. These efforts were effective as these institutes were found to display greater use of research results in practice (Estabrooks, 2011).

Parohoo (2011) examined whether attitude towards research had an impact on implementing study findings. He found out that despite nurses positive attitudes toward research, only few implemented study findings in the course of their work. Several studies have revealed that nurses have little knowledge of evidence based practice (Olade, 2012), especially about research evaluation, research methods and statistics (Milier *et al.*, 2014). However, even nurses

with substantial knowledge about evaluating research evidence find themselves powerless and with limited authority to introduce changes in their work places (Cooke *et al.*, 2013). Furthermore, French, (2012) identified that clinical nurse educators have difficulty in adapting research evidence to their practice and the specific needs of their patients. In another study, Caine and Kenrick (2010) reported that while clinical nurse managers expressed their wish to advance evidence-based nursing practice, they did nothing to promote it and to integrate it into their daily practice.

As part of international efforts to facilitate the dissemination of evidence-based practice, research has been focused on identifying barriers to implementation identifying such barriers to implementation can help international and local efforts to develop strategies to overcome these, (Estabrooks, 2011), and it is on this note that this research work is geared towards evaluating the barriers to implementation of evidence based nursing practice (EBP) among nurses working at Federal Teaching Hospital Abakaliki (FETHA II).

MATERIALS AND METHOD

Design.

A descriptive design utilizing a survey was used for the study.

Setting and Population.

The study was conducted in Federal Teaching Hospital, Abakaliki (FETHA II) which is situated in the state capital metropolis in the south-East of Nigeria and serves as the major health institution that meets the health needs of the populace.

The hospital has various wards and units designated by the types of activities rendered therein. The population targeted was all registered nurses working in the major ward complex, theatre, emergency unit and psychiatric ward of the hospital numbering about 226.

Sample and Sampling Technique

A sample of 90 nurses was drawn from the target population of 226, making a 20% sample size. A stratified random sampling technique was used to select the number of the subjects that make up the sample size.

Data Collection

Structured and validated questionnaire was used to collect data. The questionnaire was designed to elicit information on respondents' demographic data, knowledge on EBP concept, sources of knowledge, EBP implementation and EBP barriers which were divided in 5 sections; A-E, on a likert scale format. The instrument was pilot-tested for reliability, using 10 selected nurses from FETHA I (a setting similar to that of the study) who were not among the final 90 respondents.

Method of Data Analysis.

All responses to the structured questionnaire were all tallied and coded manually by the researcher. Data were analysed using frequency tables, percentages and charts and were used to answer four research questions formulated.

Ethical Consideration.

The following ethical principles were observed during the study; informed consent, confidentiality, anonymity, respondent's respect.

RESULTS

SECTION A - RESPONDENTS' DEMOGRAPHIC DATA

Table 4.1 Frequency Distribution of Respondents' Demographic Data

S/N	Respondents' Demographic data	Frequency (f)	Percentage (%)
1	**Age range**		
	19- 25 years	5	5.6
	26-35 years	33	36.7
	36-45years	22	24.4
	46-55years	20	22.2
	56-65years	10	11.1
	Total	**90**	**100%**
2	**Highest Level of Nursing Education**		
	Diploma(R.N)	52	57.8
	BNSC degree	32	35.5
	Masters degree	6	6.7
	Doctorate	-	-
	Total	**90**	**100%**
3.	**Number of years of work experience**		
	0-5 years	26	28.9
	6-10 years	27	30.0
	7-15 years	22	24.4
	16-20 years	10	11.1
	21 and above	5	5.6
	Total	**90**	**100%**

RESULT: Table 4.1 above reveals respondents' demographic characteristics; their age, highest level of nursing education and number of years of work experience. By age, 5 (5.6%) were between 19-25 years old, 33 (36.7%) were between 26-35 years old; 22 (24.4%) were

between 36-45 years old; 20 (22.2%) were between 46-55 years old and 10 (11.1%) were between 56-65 years old.

Highest level of nursing education: 52 (57.8%) had diploma (R.N) only; 32 (35.5%) had a BNSC degree; 6 (6.7%) had masters degree and 0 (0%) had a doctorate degree.

Number of years of experience: 26 (28.9%) had worked for 0-5 years; 27 (30.0%) had worked for 6-10 years; 22 (24.4%) had worked for 15 years; 10 (11.1%) had worked for 16-20 years, and 5 (5.6%) had over 21 years of work experience as depicted in table 4.1.

SECTION B: SPECIFIC INFORMATION ON RESPONDENTS' KNOWLEDGE ABOUT THE CONCEPT OF EBP.

Table 4.2: Frequency distribution of respondents' opinion about their familiarity with evidence-based practice concept.

S/n	Question/statement	Frequency (f)	Percentage (%)
4	**How familiar are you with evidence- based practice as a concept?**		
a.	Not at all familiar	18	20.0
b.	Familiar to a little extent	21	23.3
c.	Familiar to a moderate extent	18	20.0
d.	Familiar to a great extent	17	18.9
e.	Completely familiar	16	17.8
	Total	**90**	**100%**

RESULT: Table 4.2: above reveals frequency distribution of respondents' opinion about their familiarity with the concept of evidence- based practice. From the table, 18 (20.0%) reported not being familiar at all; 21 (23.3%) reported familiarity to a little extent; 18 (20.0%) reported that they are familiar to a moderate extent; 17 (18.9%) are familiar to a great extent and 16 (17.8%) are completely familiar as shown in table 4.2.

Table 4.3: Frequency distribution of respondents' opinion about the most appropriate definition of EBP.

S/n	Question/Statement	Frequency (f)	Percentage (%)
5	**Respondents' opinion on the most appropriate definition of EBP.**		
a.	Practice based entirely on good quality research evidence.	21	23.3

b.	Practice based on good quality clinical experience.	18	20.0
c.	Practice that incorporates research evidence, clinical experience and patient preference	16	17.8
d.	Practice that incorporates research evidence and clinical expertise	17	18.9
e.	I don't know.	18	20.0
	Total	**90**	**100%**

Table 4.3 above shows respondents' opinion about the most appropriate definition of evidence-based practice. From the table, 21 (23.3%) defined EBP as practice based entirely on good quality research evidence; 18 (20.0%) said EBP is a practice based on good quality clinical experience; 16 (17.8%) defined EBP as a practice that incorporates research evidence, clinical experience and patient preferences; 17 (18.9%), defined EBP as a practice that incorporates research evidence and clinical expertise; and 18 (20.0%) said they do not know the definition of EBP out rightly.

SECTION C: SOURCES OF KNOWLEDGE USED TO INFORM PRACTICE.

Table 4.4: Frequency distribution of respondents' opinion about the sources of knowledge they use to inform their daily clinical practice decisions.

S/n	**Question/Statement**	**Frequency (f)**	**Percentage (%)**
5	Respondents' opinion on the sources of knowledge used to guide their daily clinical practices decisions		
a.	My personal experience of caring for patients over time		
	Never	-	-
	To a little extent	20	22.2
	To a moderate extent	21	23.3
	To a great extent	23	25.6
	Always	26	28.9

	Total	**90**	**100%**
b.	**Information my fellow practitioners share**		
	Never	-	-
	To a little extent	17	18.9
	To a moderate extent	18	20.0
	To a great extent	20	22.2
	Always	35	38.9
	Total	**90**	**100%**
c.	**Information I learned in my training**		
	Never	-	-
	To a little extent	15	16.7
	To a moderate extent	20	22.2
	To a great extent	25	27.8
	Always	30	33.3
	Total	**90**	**100%**
d.	**I search the bibliographic database**		
	Never	80	88.9
	To a little extent	10	11.1
	To a moderate extent	-	-
	To a great extent	-	-
	Always	-	-
	Total	**90**	**100%**
e.	**Articles published in research journals**		
	Never	60	66.7
	To a little extent	20	22.2
	To a moderate extent	10	11.1
	To a great extent	-	-

	Always	-	-
	Total	**90**	**100%**
f.	**Information I get from the internal/World Wide Web**		
	Never	45	50.0
	To a little extent	15	16.6
	To a moderate extent	15	16.7
	To a great extent	10	11.1
	Always	5	5.6
	Total	**90**	**100%**

RESULT: Table 4.4 above reveals the sources of knowledge respondents use to inform their daily practice. From the result; 20 (22.2%) used their personal experience of caring for patients over time to a little extent; 21 (23.3%) used their personal experience to a moderate extent; 23 (25.6%) used their personal experience to a great extent, and 26 (28.9%) always used their personal experience of daring for patients over time.

Also, 17 (18.9%) used information shared by their fellow practitioners to a little extent; 18 (20.0%) used same to a moderate extent, 20 (22.2%) used fellow practitioners information to a great extent and 35 (38.9%) always used information shared by their fellow practitioner to inform their daily practice. When asked how often they used information learned during their nursing training; 15 (16.7%) used training knowledge to a little extent; 20 (22.2%) used training knowledge to a moderate extent; 25 (27.8%) used same to a great extent and 30 (33.3%) used knowledge gained during training always. When asked the extent they searched the bibliographic database; 80 (88.9%) never searched bibliographic database; 10 (11.1%) searched the bibliographic database to a little extent as source of information used to inform practice. As another source of knowledge, 60 (66.7%) never utilised articles published in research journals; 20 (22.2%) utilized journal articles to a moderates extent. Additionally, respondents were asked the extent they utilised information from the World Wide Web (internet) to inform practice; 45 (50.0%) never searched the internet, 15 (16.6%) utilised internet to a little extent, 15 (16.7%), utilised the internet moderately; 10 (11.1%) used the internet to a great extent and 5 (5.6%) utilised the internet always as a source of information and knowledge to inform their daily clinical practice.

SECTION D: EBP IMPLEMENTATION RATE

Table 4.5: Frequency distribution of respondents' opinion about how often various EBP implementation activities have applied them in the past 8 weeks

S/n	Implementation activity	Frequency (f)	Percentage (%)
7	**In the past 8 weeks I have.**		
a.	**Used evidence to change my clinical practice.**		
	0 times	48	53.3
	1-3 times	32	35.6
	4-5 times	6	6.7
	6-7 times	4	4.4
	>8 times	-	-
	Total	**90**	**100%**
b.	**Critically appraised evidence from a research study**		
	0 times	60	66.7
	1-3 times	30	33.3
	4-5 times	-	-
	6-7 times	-	-
	>8 times	-	
	Total	**90**	**100%**
c.	**Used an EBP guideline of systematic review to change clinical practice where I work.**		
	0 times	70	77.8
	1-3 times	20	22.2
	4-5 times	-	-
	6-7 times	-	-
	>8 times	-	-
	Total	**90**	**100%**

d.	**Accessed the Cochrane database of systematic reviews.**		
	0 times 1-3 times 4-5 times 6-7 times >8 times	86 4 - - -	95.6 4.4 - - -
	Total	**90**	**100%**

Table 4.5: above shows respondents' opinion about how often they utilised various EBP implementation activities in the past 8 weeks. From the table, 48 (53.3%) said they have never used evidence to change practice; 32 (35.6%) reported having used evidence to change clinical practice 1-3 times; 6 (6.7%) have only used evidence to change practice 4-5 times; and only 4 (4.4%) have used evidence to change practice up to 6-7 times. No respondent reported having used evidence to change practice above 8 times. When asked how often the respondents had critically appraised evidence from a research study in the past 8 weeks; 60 (66.7%) said they had never done that; whereas only 30 (33.3%) had only done that 1-3 times in the past 8 weeks.

Additionally, 70 (77.8%) have never used an EBP guideline of systematic review to change clinical practice at work; and 20 (22.2%) have used EBP guideline of systematic review to change clinical practice at work about 1-3 times.

Finally, 86 (95.6%) reported having never accessed the Cochrane database of systematic reviews, and only 4 (4.4%) of respondents have accessed the Cochrane database of systematic reviews about 1-3 times.

SECTION E: BARRIERS TO EVIDENCE BASED PRACTICE (EBP)

Barriers to finding and reviewing research reports.

Table 4.6: Frequency distribution of respondents' perception about the barriers to finding and reviewing research reports.

S/n	Question/Statement	Frequency (f)	Percentage (%)
8	**Respondents' perception about the barriers to finding and reviewing research reports**.		
a.	**I do not have sufficient time to find and review research reports**		
	To no extent To a little extent To a moderate extent To a great extent	- - 45 45	- - 50.0 50.0

	No option	-	-
	Total	**90**	**100%**
b.	**Research reports are not readily available**		
	To no extent	-	-
	To a little extent	16	17.8
	To a moderate extent	24	26.6
	To a great extent	40	44.4
	No option	10	11.1
	Total	**90**	**100%**
c.	**I find it difficult to understand research reports**		
	To no extent	-	-
	To a little extent	36	40.0
	To a moderate extent	44	48.9
	To a great extent	10	11.1
	No option	-	-
	Total	**90**	**100%**
d.	**I find it difficult to identify the implication of my research finding for my own practice**		
	To no extent	-	-
	To a little extent	14	15.5
	To a moderate extent	34	37.8
	To a great extent	42	46.7
	No option	-	-
	Total	**90**	**100%**
e.	**I do not know how to find appropriate research reports.**		
	To no extent	-	-
	To a little extent	20	22.2
	To a moderate extent	25	27.8
f.	To a great extent	45	50.0
	No option	-	-
	Total	**90**	**100%**
	To a moderate extent	15	16.7
	To a great extent	10	11.1
	Always	5	5.6
	Total	**90**	**100%**

Table 4.6 above reveals respondents' opinion about barriers to finding and reviewing research reports. From the above table, 45 (50.0%) perceived insufficient time to find and review research reports as barrier to moderate extent; -45 (50.0%) saw it as barrier to a great extent. Also, 16 (17.6%) saw unavailability of research reports as barrier to a little extent, 24 (26.6%) saw it as barrier to a moderate extent; 40 (44.4%) saw it as barrier to a great extent and 10(11.1%) settled for no option. About understandability of research reports, 36(40.0%) said they find it difficult to understand research reports to a little extent; 44(48.9%) find it difficult to a moderate extent and 10(11.1%) find it difficult to a great extent. 14(15.5%) find it difficult to identify the implications of their research findings for their own practice to a little extent;

34(37.8%) find it difficult to a moderate extent, and 42(46.7%) find it difficult to a great extent. Finally, 20(22.2%) reported that they do not know how to find appropriate research report which is a barrier to a little extent, 25(27.8%) said to them, it is a barrier to a moderate extent and 45(50.0%) said they do not know how to find appropriate research reports which poses a barrier to a great extent.

Barriers to changing practice on the basis of best evidence.

Table 4.7: Frequency distribution of respondent's perception about the barriers to changing practice on the basis of best evidence.

S/n	Question/Statement	Frequency (f)	Percentage (%)
9	**Respondent's perception about the barriers to changing practice on the basis of best evidence**.		
a.	**There is insufficient time at work to implement practice change.**		
	To no extent	-	-
	To a little extent	5	5.6
	To a moderate extent	40	44.4
	To a great extent	45	50.0
	No option	-	
	Total	**90**	**100%**
b.	**There are insufficient resources to change practice.**		
	To no extent	-	-
	To a little extent	15	16.7
	To a moderate extent	35	38.9
	To a great extent	40	44.4
	No option	-	-
	Total	**90**	**100**
c.	**I lack the authority in the work place to change practice**		
	To no extent	5	5.6
	To a little extent	-	-
	To a moderate extent	35	38.9
	To a great extent	40	44.4
	No option	10	11.1
	Total	**90**	**100**
d.	**My managers are not supportive of changes in practice**		
	To no extent	-	-
	To a little extent	10	11.1
	To a moderate extent	30	33.3
	To a great extent	45	50.0
	No option	5	5.6
	Total	**90**	**100**
e.	**Medical staff with whom I work are not supportive of changing practice.**		

	To no extent	5	5.6
	To a little extent	20	22.2
	To a moderate extent	25	27.8
	To a great extent	40	44.4
	No option	-	-
	Total	**90**	**100**

Table 4.7: above shows respondents' opinion about the barriers to changing practice on the basis of best evidence. From the table above, 5 (5.6%) reported that insufficient time at work to implement practice change is a barrier to changing practice to a little extent; 40 (44.4%) said it is a barrier to a moderate extent; and 45 (50.0%) said it is a barrier to a great extent. When asked to what extent insufficient resources posed a barrier to changing practice; 15 (16.7%) said it is a barrier to a little extent; 35 (38.9%) reported it to be a barrier to a moderate extent and 40 (44.4%) said it is a barrier to great extent. When asked to what extent respondents' lack of authority to change practice posed a barrier; 5 (5.6%) said it is a barrier to no extent; 35 (38.9%) said it is a barrier to a moderate extent; 40 (44.4%) saw it as a barrier to a great extent, and 10 (11.1%) stood for no option.

Furthermore, 10 (11.1%) said managers' lack of support to changing practice was a barrier to a little extent; 30 (33.3%) said it is a barrier to a moderate extent; 45 (50.0%) said it is a barrier to a great extent and 5 (5.6%) stood for no option.

Finally, 5 (5.6%) said medical staff unsupportiveness to practice change posed a barrier to no extent; 20 (22.2%) said it posed a barrier to a little extent; 25 (27.8%) saw it as a barrier to a moderate extent, and 40 (44.4%) said it is a barrier to a great extent.

DISCUSSION OF MAJOR FINDINGS

EBP Knowledge.

From the analysed data in table 4.2, 20.0% of respondents reported complete unfamiliarity with the term "evidence-based practice", whereas 23.3%; 20.0%; 18.9% of the respondents reported familiarity to a little, moderate and great extent respectively, while only 17.8% of the respondents reported complete familiarity with the concept of EBP. This finding further emphasizes why Melnyk (2005) documented that there is a paucity of knowledge among nurses about the concept of EBP, the reason why its implementation is low. This low familiarity rate may be associated with poor nursing training curricula, because it was found out that those who reported complete unfamiliarity were a majority of diploma (R.N) holders who graduated from general nursing schools. Among those who reported moderate, greater and complete familiarity were BNSc degree and masters degree holders. Therefore, familiarity is a function of level of nursing education as it was found to be high among BNSC and masters degree holders. This finding is consistent with the documentation of Veeramah (2006) that nurses with degree have a greater tendency to read research literature and implement findings in their practice; hence they are more familiar with EBP concept than diploma holders.

Table 4.3 analysis revealed that nurses have little understanding of the terminologies involved in EBP definition as only about one sixth (17.8%) of the nurses were able to choose the correct definition for evidence–based practice, 23.3% of nurses opined that EBP is a practice based

entirely on good quality evidence; 20.0% said EBP is based entirely on good quality clinical experience; 18.9% viewed EBP as a practice that incorporates research evidence and clinical experience; 18.9% viewed EBP as a practice that incorporates research evidence and clinical expertise. 20.0% of nurses said outrightly that they don't know the definition of EBP; only 17.8% of nurses correctly defined EBP as a practice that incorporates research evidence, clinical expertise, and patient preferences. More than a third did not incorporate patient preferences in the definition of EBP. Being unable to choose the correct definition of EBP1 is a clear indication that the concept of EBP is not well understood and suggests that it is not practiced well. This finding is in agreement with the findings of Levin (2006) that there is much lower knowledge of EBP concept among nurses which hinder implementation. This could be due in part, to the fact that teaching institutions have not been able to incorporate EBP into the school curricula, thus ensuring that students are taught how to incorporate this into clinical practice right from the undergraduate period.

Sources of Knowledge

From the result analysis of Table 4.4, findings show that nurses relied heavily on their personal experience of caring for patient over time in the delivery of nursing care. None of the respondents reported not using personal experience in the care of patients, 22.2%, 23.3%, 25.6% of respondents used personal experiences in a little, moderate and great extents respectively, while 28.9% always used personal experience in patient care. This explains why Estabrooks (2010) highlighted that nurses instead of using the internet prefer to be informed by past experiences. Also table 4.4 shows that nurses as well draw knowledge from fellow practitioners. 18.9%, 20.0%, 22.2% of respondents rely on information shared by fellow practitioners in a little, moderate and great extent respectively whereas 38.9% always asked colleagues for information upon which to base clinical decision making. This is thought to be so because experts and colleagues have proven to be a quick, cheap, and easy-to-use source of information according to Estabrooks (2010).

Furthermore, nurses draw practical knowledge from the information they learned in their training. About a quarter of them (33.3%) always used training-based knowledge in practice. The fact that they used these sources in a high degree is also obvious from their lack of familiarity with the term "evidence-based practice", which has appeared in the titles of hundreds of journal articles in recent years. When the term is unfamiliar, it is difficult to integrate evidence-based practice successfully as highlighted by Retsas, (2009).

88.9% of nurses have never searched the bibliographic database, and only 11.1% of nurses have searched the bibliographic database. 66.7% of nurses have never utilized research journal articles to little extent and 11.1% used journal articles moderately. Half of the nurses (50.0%) reported never to have used the internet for information search; 16.6%, 16.7%, 11.1% of nurses have used the internet in a little, moderate and great extents respectively while only 5.5% of nurses always consult the internet to gain information. These findings are related to information technology illiteracy, lack of interest, unfamiliarity with EBP as documented by Carroll (2014).

EBP Implementation Rate

Result of table 4.5 shows that nurses working at FETHA 2, have in the past 8 weeks used evidence to change practice to a very low degree. From the result in table 4.5, close to half of the respondents (53.3%) have never used evidence to change practice in the past eight weeks, 35.6% of the respondents have only changed practice using evidence only 1-3 times, 6.7% of

the respondents have implemented evidence in practice change only 4-5 times, and only 4.4% of respondents have used evidence to change practice up to 6-7 times. No respondent reported having used evidence to change practice more than 8 times.

This finding buttresses the unfamiliarity of respondents with the EBP concept and their reported use of intuitive knowledge in the delivery of care. From the same table 4.5, 66.7% of respondents reported never having appraised evidence from research study in the past 8 weeks, 33.3% said they have critically appraised evidence from a research study in the past 8 weeks only 1-3 times. No other respondent have exceeded that number. This finding may be related to respondents' lack of computer skill as posited by Waddel (2009). Again, 77.8% reported that they had never used EBP guideline of systematic review to change clinical practice in the past 8 weeks, whereas only 22.2% reported to have used EBP guideline 1-3 times in the past 8 weeks.

This result shows a negative attitude towards practice guideline as many nurses find clinical practice guidelines as a "cook book", cumbersome and inconvenient, which increase malpractice liability. These findings agree with the documented findings of Olade (2012). The researcher however agreed with and supports the finding.

Finally, 95.6% of respondents had never accessed the Cochrane database of systematic reviews, while only 4.4% have accessed the Cochrane database only 1-3 times. This finding goes a long way to support the findings of Estabrooks (2010) who asserted that very few nurses use internet library services and even when knowledge is found through journal reading, it is rarely systematically applied. However this finding contradicts the findings of Banning (2009), which posited that the sources of nurses' professional information are literature searches, medical journals, and report of controlled experiments, from a recent study. The finding however, shows a negative attitude of nurses towards implementation of EBP and the use of internet searches as sources of research evidence for clinical practice change.

EBP BARRIERS

Perceived Barriers to Finding and Reviewing Research Reports?

From the result of table 4.6, it was observed that respondents perceived insufficient time in work place to find and review research reports as barrier to a moderate (50.0%) and great (50.0) extents. Also, unavailability of research reports was also another perceived barrier as reported by the respondents; 17.8%, 26.6%, and 44.4% reported unavailability of research reports as barriers to finding and reviewing research reports to a little, moderate, and great extents respectively, whereas 11.1% of respondents stood for no option. Understandability of research reports was another identified barrier by respondents, 40.4%, 48.9% and 11.1% of the respondents reported that they find it difficult to understand research reports which is a barrier to a little, moderate, and great extents respectively, to finding and reviewing research reports.

Furthermore, table 4.6 also reveals that nurses rated as a barrier, to a little (15.5%) moderate (37.8%), and great (46.7%) extents, their perceived difficulty in identifying the implication of their research findings for their individual practices. Also, respondents reported that they do not know how to find appropriate research reports which they rated as a barrier to a little (22.2%), moderate (27.8%), and great (50.0%) extents.

These findings indicate that the greatest barriers to nurses accessing and reviewing evidence-based information related to time, availability of information, skill in judging the quality of information, and identifying the implications for practice. These findings agree with the findings of Kajermo (2010), Funk *et al* (2011) and Carrol (2014) who identified key barriers to accessing and reviewing research reports to include but are not limited to; time constraint, lack of skill on the side of the nurses to search the internet, unavailability of research reports and difficulty in identifying implication of research reports to nursing practice among others. Therefore, the researcher believes and accepts the findings to be true and consistent with previous scholarly documentaries on EBP and associated barriers.

Perceived Barriers to Changing Practice on the Basis of Best Evidence?

Table 4.7 reveals the result of the barriers to changing practice based on best evidence as perceived and reported by nurses in FETHA 2. From, the result, it is observed that nurses reported insufficient time at work to implement practice change as a barrier to a little (5.6%), moderate (44.4%) and great (50.0) extents. Also, the nurses reported insufficient resources as another contributing barrier to changing practice based on evidence to a little (16.7%), moderate (38.9%), and great (44.4%) extents. It can be further observed from the table (4.7), that lack of authority to change practice in the work place was perceived by nurses as a barrier to a moderate (38.9%), and great (44.4%) extents. However, (5.6%) of respondents said that lack of authority was never a barrier (to no extent), and (11.1%) settled for no option, in other words, they have no idea or opinion about whether lack of authority by nurses constituted a barrier to practice change in the use of current best evidence or not.

Furthermore, lack of managers' support for practice change was another barrier reported by nurses. (11.1%), (33.3%), (50.0%) of respondents all reported that lack of managers' support for practice change was a barrier to a little, moderate, and great extents respectively. However, (5.5%) of the respondents did not see it as a barrier (to no extent), while (11.1%) of the respondents settled for no option. More so, another identified barrier to practice change as reported by the nurses is unsupportive medical staff with who nurses work. Respondents perceived unsupportive staff as a barrier to a little (22.2%), moderate (27.8%) and great (44.4%) extents, while only (5.6%) of the respondents reported that unsupportive staff is not a barrier to implementing EBP at work.

These finding indicate that the most identified barriers to nurses implementing practice change (research utilization) on the basis of current best evidence related to time constraint, insufficient resources, lack of authority to change practice, unsupportive managers and medical staff. These finding are in agreement with the findings of Kajermo (2010), Carroll (2014), Retsas (2009). These authors reported that Myriad of barriers hamper the smooth implementation of evidence-based practice. Lacey (2008) found that doctors were identified as "potentially obstructive" to implementation of EBP among nurses, which buttresses the findings of this study. Lack of time, according to Carroll (2014) reflects the serious and deep- seated problem that exists in Nigerian as well as other hospitals over the world. Time to read, evaluate, analyse, disseminate, and implement research is very limited for nurses everywhere.

CONCLUSION

The following conclusions are made following the findings of this study; that:-

- majority of nurses have very little EBP knowledge

- nurses relied greatly on colleagues, past experiences, and intuition as information sources used to inform daily practice.

- there is low engagement in EBP implementation behaviours among nurses.

- time constraint, lack of facilities, unavailability of research reports, difficulty in understanding the implications of research findings for individual nurses' practices and lack of internet search skills are all barriers to finding and reviewing research reports among nurses.

- time constraint, insufficient resources, lack of authority unsupportive managers and unsupportive medical staff are barriers to changing clinical nursing practice on the basis of best evidence among nurses.

RECOMMENDATIONS

The results obtained from this study have led to the following recommendations;

1. The Nursing and Midwifery Council of Nigeria(NMCN) should incorporate EBP teachings and the its allied concepts into the curricula of the various nursing training institutions so that students are taught the concepts at the undergraduate level as well as how to put this application into daily clinical practice.

2. The Nursing and Midwifery Council should also try to make it compulsory for practicing nurses to regularly attend courses on EBP as well as to in corporate it into their daily clinical practice.

3. Organising Workshops and courses on this concept and its significance to general clinical practice should be encouraged.

4. Formation of evidence based study clubs can be encouraged at work places between different specialties of healthcare. It provides a practical approach for the dissemination of EBP awareness and also helps to facilitate its use in the community.

5. Ensuring that libraries are kept up-to-date and relevant especially in healthcare keeping of libraries can be encouraged in the hospitals as well.

6. All teaching hospitals in the country should be encouraged to provide internet access to the hospital and the teaching/clinical staff to encourage better access and easier searches of electronic database and in addition, they should subscribe to relevant current EBP journals.

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