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Assessment of Nurses' Knowledge and Utilization of Evidence Based Practice and its Associated Factors in Selected Hospitals of three Zones of Southern Ethiopia, 2017

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ABSTRACT

Background: Evidence based practice is conscientious, clear and judicious use of current best evidence in making decisions about the care of patient. It is becoming a worldwide concern for nurses, doctors and administrators at various level of health care settings considered as critical element to improve quality of health care services. Currently one of the major barriers to utilize Evidence-based practice is knowledge deficit especially in developing countries like Ethiopia. **Objective:** the aim of this study was to assess nurses' knowledge and utilization of evidence-based practice and its associated factors in selected hospitals of three zones of SNNPR, South Ethiopia. **Methods:** setting: the study was carried out in a sample of three zonal and secondary hospitals because evidence based practice are more implemented at hospital settings. **Study design and period:** Facility-based descriptive cross-sectional study design was conducted among nurses working in selected hospitals of three zones of south region from March 30 to May 1, 2017. A total of 208 nurses answered a self-reported questionnaire and selected by using convenient sampling technique. Descriptive statistics, Bi-variate and multivariate logistic regression were used to analyze the data. A statistical significance was declared at p value < 0.05 . **Primary and secondary outcome:** The primary outcome was nurses' knowledge and utilization of evidence based practice in making decision in the nursing care of patients and secondary outcome of individual aspect of nurses experience EBP in decision making process in the patient care. **Results:** Sample of the study gathered with response rate 93.3% and all participants were BSC degree holders. Nearly half (45.3%) of study participants had poor knowledge regarding evidence based practice. 38.5% of respondents never utilize EBP in their clinical practice. Female nurses less knowledge and utilization of EBP compared to male nurses and Nurses who have good knowledge of EBP utilizes more than nurses who have poor knowledge on EBP. In this study being head nurse was 3.43 times (AOR=3.427) (95%CI= (1.289, 9.112)) more likely to use EBP when compared to being staff nurse. Knowledge of EBP was significantly associated with nursing experience and working unit. **Conclusion & Recommendation:** This study revealed that nurses in selected Hospitals in SNNP have low level of knowledge about evidence-based nursing practice. Also their utilization of evidence-based nursing practice was low. Hospitals need to manage to provide training about evidence practice which raises level of knowledge and utilization.

Keywords:

evidence based, knowledge, nursing practice and nurses, utilization.

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1: Introduction

1.1 Background information

Evidence based practice is conscientious, clear and judicious use of current best evidence in making decisions about the care of the individual patient. It integrates individual clinical experts with the best available external clinical evidence from systematic research [1, 2]. The translation of evidence into practice has a role in ensuring quality care, patient safety, and improved patient health care outcomes. Various researchers claim the reality that EBP fosters value health care, better health care outcomes, and reduced health care costs [3, 4]. Evidence based nursing is a process founded on the collection, interpretation, appraisal, and integration of valid, clinically significant, and applicable research. These skills are taught in modern nursing education and also as a part of professional training [5]. Evidence-based practice is acknowledged internationally. The accessibility of information and the development of science have led to considerable improvements in health outcomes all over the world. However differences in outcomes, health inequalities and weakly performing health services continue to present a real challenge to all nurses [6]. Through the time, new and more effective medicines, medical devices and procedures are invented to help doctors, nurses and medical technicians provide the best possible care and treatments to patients. In addition to using traditional and well established procedures and practice, health care practitioners are adopting innovative interventions that are based on practice as well as solid research- based evidence [7].

Evidence based nursing practice is a systematic approach to problem solving that enables nurses to use the best evidence available for clinical decision-making in order to provide the best patients health care outcomes [4,6].

The progress of evidence-based health care has evolved over time. Principal themes for the decades of 1970-1980 were "doing things cheaper" (efficiency) and "doing things better" (quality improvement). These two themes together were considered "doing things right." During 1980-1990, "doing the right things" (increasing effectiveness) was the major theme

and this, in combination with "doing things right" was considered "doing right things right" in the 21st century. Thus, it can be said that this is an "evidence based era" [8].

1.2 Statement of the problem

Implementing EBP is not easy, because it depends on the readiness of the individual nurse and senior leadership to embrace and help practice in a changing health care environment that is based on research. Nurses are not ready for EBP due to the gaps in their information literacy and computer skills, their limited access to high quality information resources, and their attitudes towards research. Since nurses graduate from different academic programs, there is typically a gap between training and practice, and this creates variations in their knowledge. As a result how they practice, is based on what they learned in school and on their shared experiences in the clinical settings [9, 10]. Evidence-based practice (EBP) has become a worldwide concern for nurses, doctors and administrators at various level of health care settings considered as critical element to improve quality of health care services [11,12]. The application of Evidence based practice in Africa is remaining in challenge. One reason for this challenge is Africa lag behind in research. Another obstacle is lack of funds. But some African countries like, South Africa, Botswana, Nigeria, Kenya Malawi and Egypt are in advocating EBP [13,14,]. The concept of implementing evidence-based practice in nursing in most parts in Ethiopia is based on experience, tradition, intuition, common sense and untested theories. There is lack of research evidence in many areas of nursing practice [15, 16]. Currently one of the major barriers to utilize Evidence-based practice is knowledge deficit and problems associated with attitude and skill gaps among nurses and nurse leaders even future use of evidence based practice are multiple barriers especially in developing countries like Ethiopia [4]. Therefore; the Purpose of this study is to assess the knowledge and utilization of evidence-based practice and its associated factors among nurses in selected hospitals of three zones of SNNP, Ethiopia.

1.3 Significance of the study

New knowledge must be transformed into clinically useful forms and it must be implemented across the health care system. To redesign health care, nurses must move out of their comfort zone, and use evidence-based knowledge to care for their patients and their families.

EBP is crucial in the overall health care delivery system because it can help reduce escalating health care costs, save time, afford better patient outcomes, and provide nurses with more autonomy in their practice, (which can ultimately lead to greater job satisfaction and increased retention).

To build substantial support for EBP requires new evidence forms, new roles, new teams, new practice cultures, and a new field of science. Implementation of a practical approach to EBP should be considered, to assist staff nurses to evaluate evidence and then translate evidence into practice. Time, resources, and support from the nursing leadership are needed, along with collaboration between hospital leaders and academic nursing. It will improve patient outcomes, decrease health care costs, which is a priority of governmental and funding agencies. The findings will be used to improve the nurse's knowledge and to facilitate effective utilization of evidence-based nursing practice in patient care.

In addition, the result will provide feasible recommendation for policy makers, Nursing Program managers, demonstrators, Ethiopian Nurse Association, researcher and Nurses about EBP and the finding will help the nurses to put in more effort toward the utilization of evidence-based nursing practice in the care of patients. It will also serve as baseline data for those who are interested further research on the issue.

Aim: to assess the knowledge of nurses in evidence based practice at hospital wards.

Research Question:

- What is the level of knowledge of professional nurses at Zonal Hospitals about evidence-based nursing practice?
- What is the level of utilization of evidence-based nursing practice in the care of patient by the nurses at selected Zonal Hospitals?

- What are the barriers to the successful utilization of evidence-based nursing practice in these three Zonal Hospitals?

2. Objectives of the study

2.1 General objective

- To assess nurses' knowledge and utilization of evidence-based practice and its associated factors in three selected hospitals of three zone of SNNPR, Southern Ethiopia, 2017.

2.2 Specific Objectives

- Assess knowledge of professional nurses regarding EBP in selected hospitals
- Describe level of utilization of evidence-based nursing practice in selected hospitals
- Determine factors associated with knowledge of nurses towards EBP in selected hospitals
- Identify factors associated with the utilization of evidence-based practice in the selected hospitals among nurses

3: Methods and Materials

3.1. Study Setting:

The study was conducted in the three zonal administrations of Hadiya, Silte and Gurage Zone of SNNPR of three hospitals, namely Wachemo University Nigest Elleni Mohammed memorial referral hospital (WUNEMMRH), Worabe comprehensive specialized hospital (WCSH) and Butajira General Hospital (BGH). Each study hospitals have 50 to 100 beds that serve for about more than 250,000 people as zonal district hospitals.

3.2. Study design and Study period:

An institution based cross sectional quantitative study design was implemented. This study was conducted in three zonal governmental hospital nurses from March, 30 to May 1, 2017.

3.3. Primary and secondary outcome measures

Primary outcome measures: The finding of this study offers solutions to factors identified as barriers to effective utilization of evidence-based nursing practice and measures to improve the nurse's knowledge and to facilitate

effective utilization of evidence-based nursing practice in patient care through seminars and workshops in order to update nurse's knowledge.

Secondary outcome measures: the findings help the nurses to put in more effort toward the utilization of evidence-based nursing practice in the care of patients. The finding helps to the patient to have quality care, improved patient outcomes, and reduced cost of management and results greater patient satisfaction.

3.4. Study Variables

3.4.1. Dependent variables: Nurses' knowledge on EBP and Level of use of EBP.

3.4.2. Independent variable:

- Demographic variables: Age, sex, religion, Ethnicity, and marital status
- Organizational variables: Working unit, position
- Individual variables: Educational level and nursing experience

3.5. Target Population

The target population for this study was the professional nurses working in each unit of the three selected Hospitals namely WUNEMMRH, WCSH and BGH.

3.6. Participants and Sampling Technique

For the present study, all nurses working in the seven public hospitals were summoned to participate in the study. The study population consisted of nurses currently working in the surgical ward, OR, gynecology and obstetrics ward of each hospital.

Participating nurses were full-time workers on the permanent staff of the hospitals from different specialties. Nurses with no direct contact with the patients were excluded from the study. All Hospitals in the zone having Operation Theater, Medical, Surgical, obstetrics and gynecology wards and critical care units were included in the study.

3.7. Sampling Procedures:

Three hospitals were selected purposefully and BSc and above nurses working at the three hospitals (WUNEMMRH, WCSH AND BGH hospitals) a total of 223 nurses was taken proportionally.

3.8. Data Collection tool and Procedures:

Data was collected using a structured self administered questionnaire which had five sections; socio-demographic, knowledge of nurses toward EBP, barriers for EBP, facilitators for EBP and utilization of EBP. Seven Knowledge questions were adapted and modified from study conducted in Nigeria. [17]. Questions regarding barriers and facilitators to EBP is adapted from Majid et.al 2011. [11] Proven to be reliable in related study of our country which was done in TASH. [18]. Questions about utilization of EBP are adapted from different studies and which were reliable to conduct the study because it was applied in study of TASH. [19, 20] Questioners were prepared in English since the study subjects were BSC and above holders. Three trained Diploma nurses were collected data.

3.9. Data quality control Assurance:

To assure the quality of the data properly designed data collection instrument and training of data collectors and supervisors was done. The enumerators and the supervisor were given training for two days on procedures, techniques and measures validity and reliability of the methods and materials. By taking 5% of the total sample for pretest conducted at Homacho primary hospital. The collected data was reviewed and checked for completeness by principal investigator each day. Data was collected through three shift program of the hospital nurses.

3.10. Operational Definitions:

- **EBP:** Evidence-based practice is an approach in which critically examined literature and research findings are used to provide nursing care that is safe and modern.
- **Barriers:** obstacles for implementing EBP. These barriers could be related to the nurses' Experience, the environment, resources, and lack of administrative support.
- **Level of use EBP:** Nurses used EBP in the clinical setting self- rated by three options (Often, occasionally and never utilize)

- **Good Knowledge:** respondents who answer correctly to knowledge related question and those who scored equal and above the overall mean value
- **Poor knowledge:** respondents who answered knowledge related question below the overall mean value.

3.11. Data Analysis Procedures

The collected data was edited to detect error and checked for its completeness manually and then entered in EPI Info version 7.1.1 and analyzed using SPSS version 21 statistical software package. Descriptive statistic including, table, figures, frequency distribution and mean was used to describe the data. Bi-variate logistic regression model analysis was done to see the association between the explanatory and outcome variables. Odds ratio with 95% C.I was used to measure the strength between dependent and independent variables. P value < 0.05 was used to determine level of statistical significance.

3.12. Validity and reliability of methods and materials:

The developed questionnaire for the study was given to the project supervisor for critiquing to ensure validity and after approval and endorsement. Prior to the actual data collection period a pretest was done on 5% of the total sample size on separate hospital nurses at Homacho hospital. Based on the result of the pretest, some ambiguous questionnaire and interview guides were modified for clarity and consistency. The validity and reliability of the tool and procedure were determined based on the analysis result of the pretest which was 0.89 (Cronbach's alpha=0.89). The data collectors for each hospital were selected from other hospitals to reduce social bias during interview for practice assessment. Participants were interviewed regarding to their performance before self-administered questionnaires for knowledge assessment is administered to reduce information bias.

3.13. Ethical Consideration

Ethical approval was sought and granted by the Research and Ethics Committee at the department of Nursing, College of Health Sciences, School of Nursing and Midwifery, Addis Ababa University. Permission to conduct the study was obtained from SNNPR regional Health Bureau and each hospital involved in the

study. All study participants were adequately informed about the purpose, method and anticipated benefit of the study by the data collectors. Written consent was obtained from each participant and confidentiality and anonymity of the study subjects was maintained.

3.14. Dissemination of Results

Findings of this study were submitted to department of nursing and midwifery, Addis Ababa University. Southern regional health bureau and respective zonal health offices and respective health institution were communicated and disseminated the result to the WUNEMMH, WCSH, and BGH.

4: Results

This thesis assessed nurses' knowledge and utilization of evidence based practice and its associated factors in selected hospitals of three zones of SNNPR. The plan was to collect data from 223 study participants. But data were extracted from a total of 208 BSc nurses that makes the response rate 93.3%

4.1 Socio-Demographic Characteristics

Majority of respondents 107, (51.5%) were under the age bracket of 25-29, mean age of respondents was 26.6, and Silte were large ethnic group which accounts 53 (25%). Among religion Muslim (36.5%) were largest religion in the study followed by orthodox 75(36.1%), protestant 41(19.7%), and catholic 16 (7.7%). Also this study revealed that males 139(66.8%) were dominant study participant while female accounts 69(33.2%) and 142(68.3%).

The vast majority 201(96.6%) of respondents were BSC degree holders and the remaining 7(3.4%) were MSC holders. About 157(75.5%) of respondents had 1-3 years of nursing experience and 51(24.5%) of the study participants had more than three years of work experiences. Concerning role position in the health facility, most 163(78.4%) of nurses were staff nurses, while 38(18.3%) were head nurses and 7(3.4%) were others. majority of study participants 63(30.3%) were from medical-surgical ward.

4.2 Knowledge about utilization of Evidence based practice.

From 208 study participants 95(45.7%) had poor knowledge about evidence based practice.

one hundred and ninety (91.3%) of respondents knew that EBP is a problem solving approach. Also One hundred and ninety (91.3%) knew that it enhances delivery of highest quality of nursing care. 186(89.4%) knew that it combines

research with knowledge and theory as depicted in table 1 below, Most of the respondents 166(79.8%) agreed that it fills the gap between research, theory and practice.

Table 1: Nurses’ knowledge about evidence based practice at selected hospitals in three Zones of South Region, March, 30- May 1, 2017 (n=208)

Variables	Response	Frequency	Percent
Are you aware of concept of EBP	yes	169	81.2
	no	39	18.8
EBP is problem solving approach	yes	190	91.3
	no	18	8.7
EBP deliver highest quality care	yes	190	91.3
	no	18	8.7
EBP combines knowledge and theory	yes	186	89.4
	no	22	10.6
EBP fills gap between theory and practice when utilize	yes	166	79.8
	no	42	20.2
There is no need of EBP in nursing	yes	131	63
	no	77	37
EBP should be for nurse educator not for nurse at clinical area	yes	74	35.6
	no	134	64.4
Level of knowledge	Poor knowledge	95	45.7
	Good knowledge	113	54.3

4.3 Level of Use Evidence Based Practice

Regarding level of use of evidence based practice depicted in figure 1 below, 80 (39%) were never utilize evidence based practice,

Among those who were used evidence based practice only 57(27%) were used evidence based practice more often while 71(34%) were utilized occasionally.

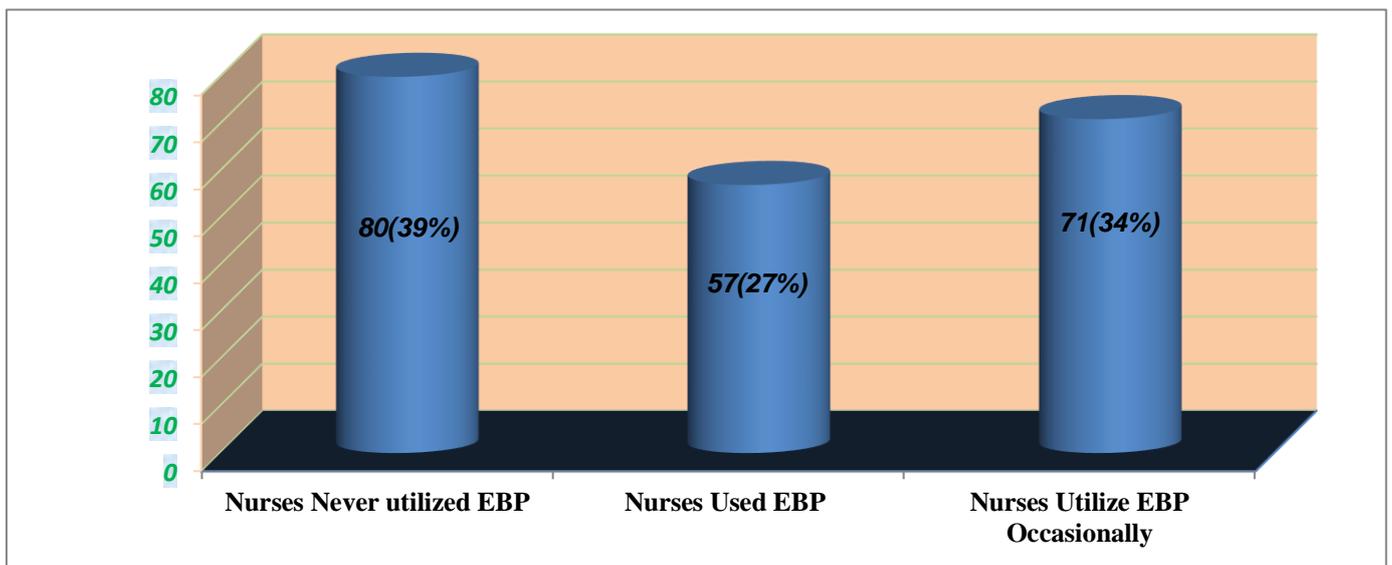


Figure 1: Level of utilization of EBP among nurses in selected hospitals of three Zones in SNNP from March to May, 2017.

4.4: Barriers and facilitators of evidence based practice

According to the result of the study, 48.1% of the nurses agreed that lack of knowledge of evidence-based nursing practice is a barrier, 32.2% of them disagreed while 19.2% of the population sampled were indifference. Also, 42.3% observed that inadequate understanding of terms in research article is a barrier, 43.3% of them disagreed while 14.4% of the population sampled were indifference 37% of the nurses indicated insufficient time work, and 44.7% had contrary opinion while 18.3% were

undecided. Also, 37% of the nurses were of the opinion that inadequate resources for utilization of evidence-based practice is a barrier, 44.7% disagreed while 18.3% of them could not decide on the issue. Furthermore, 48.1% of the nurses identify Inability to understand statistical terms used in research article, as a barrier 39% of the nurses disagreed while 3% could not decide. As depicted in table 2 below, 52.4% of the nurses agreed that one of the barriers is the fact that relevant research is not available, 23.2% disagreed while 14.4% were not able to decide.

Table 2: Shows facilitators for utilization of evidence based practice in selected hospitals of three Zones of SNNP from March 30-May 1, 2017 (n=208).

Variables		Frequency	Percent
Enhancing administrative support	To no extent	18	8.7
	To little extent	44	21.2
	To M to G extent	144	69.2
	No opinion	2	1
Cooperative and supportive colleagues	To no extent	20	9.6
	To little extent	26	12.5
	To M to G extent	159	76.4
	No opinion	3	1.4
Improving research knowledge	To no extent	13	6.2
	To little extent	30	14.4
	To M to G extent	162	77.8
	No opinion	4	1.9
Sufficient staffing	To no extent	17	8.2
	To little extent	31	14.9
	To M to G extent	156	75
	No opinion	4	1.9
Given adequate training	To no extent	23	11.5
	To little extent	27	13
	To M to G extent	155	74.5
	No opinion	3	1.4

To M to G extent= to moderate extent and to great extent merged

4.5 Factors associated with knowledge of EBP

Other factors associated with knowledge of evidence practice like Sex resulted ($p=0.029$) and marital status. ($p=0.0001$) and, nursing

experience ($p=0.018$) were significantly associated with knowledge regarding evidence based practice

As shown in table 3 below, female nurses were 56.5% (AOR=0.435) (95%CI= (0.206, 0.919))

less likely knowledgeable about evidence based practice than male. Those married were 14.7 times (AOR=14.706 (95 % = (1.370, 57.834) more likely knowledgeable when compared to unmarried. As the result of the study indicated, those who had working experience between four to six years, 91.2% (AOR=0.088) (95%CI= (0.015, 0.502)) less likely knowledgeable when compared with working experience below three years. Also

those who had long working experience (more six years according to this study), (AOR= (0.147) (95%CI= (0.024, 0.893)) 85.3% less likely knowledgeable compared to nursing experience below three years. the result of this study revealed that head nurses had 3.2 times AOR =3.22 (95%CI= (1.215, 8.57)) more likely knowledgeable when compared with staff nurses.

Table 3: Multivariate analysis shows association of socio demographic variables with knowledge of evidence based practice in selected hospitals of three Zones of SNNP from March, 30- May 1, 2017.

Variable		Good knowledge No (%)	Poor knowledge No (%)	COR (95%CI)	AOR (95%CI)
Age	20-24	25(34.7)	47(65.3)	1	1
	25-29	41(38.3)	66(61.7)	.944 (.503, 1.772)	0.494(.122, 1.998)
	30-34	15(51.7%)	14 (48.3%)	0.505 (.211, 1.218)	0.839 (0.187, 3.769)
	20-24	25(34.7)	47(65.3)	1	1
Year of experience	1-3	62(39.5)	95(60.5)	1	1
	4-6	14(34.2)	27(65.8)	1.225 (.594,2.528)	0.088 (0.015, 0.502) **
	>6	2(20.0)	8(80.0)	2.638(.542, 12.839)	0.147 (0.024, 0.893) *
sex	male	65(46.8)	74(53.2)	1	1
	female	48(69.6)	21(30.4)	2.57(.707, 2.379)	0.435 (0.206, 0.919)*
religion	orthodox	28(37.4)	47(62.6)	1	1
	Muslim	30(39.4)	46(60.6)	0.278(.034, 2.273)	.966(.499, 1.870)
	protestant	11(26.8)	30(73.2)	1.660(.720, 3.828)	2.898(.544, 15.454)
	catholic	10 (62.5)	6(37.5)	.365 (.120, 1.115}	4.054(.468, 35.089)
Marital status	single	82(57.7)	60(42.3)	1	1
	married	25(41.7)	35(58.3)	.204(.106, .390}	14.706 (1.370, 57.83)**
	widowed	1(50)	1(50.0)	0.0001(.00001,.0001)	0.0001(0.001,0.0002)
	divorced	3(75)	1(25)	.114(.012, 1.134)	.061(.002, 1.577)
Position at health facility	Staff nurse	89(54.6)	74(45.4)	1	1
	Head nurse	21(55.3)	17(44.7)	1.650(.688, 3.960)	3.22 (1.215, 8.57)*
	others	3(42.9)	4(57.1)	1.650(.311, 8.752)	0.54 (0.076, 2.720)
Work area	Medical surgical	33(52.4)	30(47.6)	1	1
	Intensive care unit	13(48.1)	14(51.9)	0.541(.217, 1.347)	0.302(0.096, 0.95)*
	Emergence unit	29(64.4)	16(35.6)	2.703(1.111, 6.577)	1.16(.52, 3.143)
	Operating unit	5(62.5)	3(37.5)	1.126(.247, 5.142)	0.853(.077, 8.077)
	others	48(73.8)	17(26.2)	0.988(.485, 2.012)	0.661(.223, 1.61)

*=P-Value <0.05, **= p-value <0.01, ***=p-value <0.001

4.6 Factors associated with utilization of EBP

Utilization of EBP was assessed for its association with socio-demographic variables. Multivariable analysis logistic regression model showed that; sex, marital status, year of work experience and position in the health facility were statistically associated with utilization of EBP at p -value < 0.05

This study result shows that females were 2.6 times (AOR=2.56 (95%CI= (1.17, 5.59) more likely utilize evidence based practice when compared with male was significantly associated with evidence based practice. In this study being head nurse was 3.43 times (AOR=3.427 (95%CI= (1.289, 9.112) more likely to use EBP when compared to being staff nurse. According to the result of the study those married were 89.9% (AOR=0.102) (95%CI=(0.041, 0.258)), which is less likely to utilize evidence based practice when compared with unmarried. With respect to year of nursing experience, those who had long year nursing experience 13.8 times (AOR=13.799) (95%CI= (2.352, 80.974)) more likely utilize evidence based practice. There is no significant association between age category, religion, ethnicity, working area and professional qualification in the health facility with utilization of EBP. There is no significant relationship between nurses' knowledge and utilization of evidence -based nursing practice. ($p = 0.61$).

5. Discussion

5.1 Socio Demographic Characteristics of Respondents

The purpose of this study was to assess nurses' knowledge and utilization of evidence based practice in three selected hospitals of three zones of SNNP. A cross sectional descriptive study design was used in carrying out the study. The response rate in this study was 93.3% which is analogous with study of TASH 96.8% [18] and Iran 93% [19]. As the study result revealed that, Female study participants (AOR=0.394) (95%CI= (.159, .978)). were less likely knowledgeable than males about evidence based practice. This might be related with female were less involved in training and managerial position.

Regarding to year of nursing experience in current study 75.5% of study participants were below three years nursing experience which is

consistent with TASH in which 63% were below five years job experience [18] with respect to academic level, BSC and MSC and above which accounts 96.6% and 3.4%, respectively. Unlike study conducted in Singapore which includes diploma in nursing (41.0%), advanced diploma (14.8%, bachelor's nursing (41.4%) and master's (2.3 %,) [20].

In present study there is no significant association between educational qualification and evidence based practice. This agrees with study result of [21] however, contradicts with the findings of [22] in which there is significant association between educational qualification and evidence based practice. Nurses with a higher educational level, such as a Master's degree or qualifications at an advanced level, have reported a higher extent or more frequent practice of EBP compared with nurses with lower qualifications. This might arise from lack of time for involvement of MSC and above holders in evidence based practice and they were passed most of their time in administrative role.

5.2 Knowledge towards EBP

The data analysis of this study shows that 45.7% of the study participants had poor knowledge level regarding evidence based practice. According to this result the level of knowledge is too low when compared with Offa specialist hospital result.(Nigeria). In Nigerian study Where level of knowledge was categorized as low 4.5%, medium 18.5% and high 77.3% (21). The reason for this might be socio-demographic background of study participants. The reason also may be countries educational policies. The study revealed 81.2% of the respondents were aware of the concept of EBP which is lower than study conducted by White Williams in Spain 96%. The difference may arise from place where study conducted. Present study was done in developing country while Williams study was in developed country. The result of current study revealed that 91.3 % study participants knew evidence based nursing practice delivers highest quality of care which is analogous with Offa specialist study 85.5%. [21] But higher than that of [17].

Working experience was determinants of knowledge about evidence based practice. As those who had long year working experience 91.2% (AOR=0.088) [95%CI= (0.015, 0.502)

less likely knowledgeable when compared with working experience below 3 years. The reason for this might be related with those who have long working year experience were not learned recently, hence they are not updated with new knowledge. They practiced based on their previous experience. Working unit was also seen as determinant factor for having good knowledge.

5.3. Level of utilization of EBP

The levels of uses in this study were 55.5 % and 44.5%, occasionally and often respectively. Also only 27.4% (n=208) of study participants' uses evidence based practice often, which was almost the same with study of Offa specialist hospital, Nigeria [21] in which 30.9% were uses journals more often. The remaining were either uses occasionally or never use evidence based practice. Even though this (27.4%) level of utilization is higher than that of Tikur Anbesa Specialized Hospital, in which only 15.7% were uses evidence based practice more often [18]. Still it is alarming that level of utilization is in low level. This might be indicated that, lack of time and lack training hindering them from utilizing evidence based practice. This result is comparable with the study conducted in South Africa which found 35.6% and 31.5% use EBP frequently and rarely, respectively [23]. In this study more than 55.5% (n=128).of the respondent used EBP were occasionally. This result was the same with the result of study conducted in Offa specialist hospital, Nigeria in which 55.5% [21] were utilize evidence based practice occasionally. This might be related with lack of training and lack of time to utilize evidence based practice.

In current study utilization of evidence based practice was significantly associated with role position. According to the result of this study being head nurse was 3.43 times (AOR=3.427 (95%CI= (1.289, 9.112) more likely to use EBP when compared to being staff nurse and this might be related with head nurses have opportunities to take trains and workshops about EBP. This is similar with that of study conducted in Mid Western United States of rural community [23]. The result of this study revealed that nursing experience was significantly associated with EBP utilization. Those nurses worked more years were (in this study above 6 years) 13.8 times (AOR=13.799) (95%CI= (2.352, 80.974) more frequently utilize

EBP when compared nurses with less working experience. This might be related to overcome challenges they faced during their working years they refer some evidence based practice.

Educational qualification and knowledge were not seen as determinant factors for evidence based practice utilization. The reason for this might be those who have higher educational qualification might be needed for managerial position rather than staffing and they might be busy on their administrative roles. In current study Knowledge was not determinant factor for evidence based utilization. This might be related with lack of time and work overload. This contrary with study of Tikur Anbesa Specialized hospital of Addis Ababa in which there was significant association between knowledge and utilization of evidence based practice. According to the result of TASH study, those who have knowledge were implementing EBP 3 times more than who have no knowledge about EBP [18].

6. Limitations and Weakness of the Study

6.1 Strength

- Pretest was done on 5% of respondents at Homacho primary hospital and necessary arrangements were done.
- Under the study teaching hospital, specialized hospital and general hospitals were incorporated.

6.2 Limitation

- The literature used were most from developed country so, comparing the result may have some negative effect as large difference in socio-demographic may exist.
- Instrument used for this study was self administered questionnaire which could be subject to personal bias.
- This study was used convenient sampling technique so that generalizing the result may be difficult.

7: Conclusion and Recommendation

7.1 Conclusions

The result of findings in this study revealed that nurses in selected Hospitals of SNNP have low knowledge level about evidence-based nursing practice. Also their utilization level of evidence-based nursing practice was low. There is no significant relationship between professional

qualification of nurses and Knowledge with utilization of evidence based nursing practice. Year of work experience and position had significantly associated with utilization of EBP.

There is no significant relationship between nurses knowledge and practice of evidence-based nursing practice ($p = 0.61$) and there were various barriers hindering the utilization of evidence-based nursing practice in selected study zonal hospitals,

7.2 Recommendations

Based on the findings in this study, the following recommendations are made:

- Nursing Managers should design an appropriate strategic plan by considering supporting factors and barriers for integrating EBP into clinical setting.
- Hospitals management in the hospitals could develop strategy for building EBP competencies through proper training.
- Minster of education should include evidence based practice in the curriculum as a subject.
- Ethiopian nurse association should give concentration towards knowledge and utilization of evidence based practice.
- Further research will be needed about knowledge, utilization and associated factors of evidence based practice

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