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Knowledge of Evidence-Based Practice and Associated Factors Among Nurses Working in Public Hospitals of Eastern Ethiopia

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ABSTRACT

Background: Evidence-based practice is a technique based on the gathering, interpretation, appraisal, and integration of legitimate, clinically tremendous, and applicable studies.

Objective: To assess the knowledge of evidence-based practice and associated factors among nurses working in public hospitals of eastern Ethiopia, 2022.

Methods: Institutional-based cross-sectional study design was conducted from June 1-30, 2022. The total sample size was 419 and a simple random sampling technique was used. Data was entered in Epi-data 3.1 and analyzed using Stata version sixteen software. Binary logistic regression was done and all variables with a p-value < 0.25 in bivariable analysis were shifted in multivariable logistic regression analysis. Statistical significance was declared at a p-value < 0.05 in adjusted odds ratio with 95% CI.

Result: The good knowledge of evidence-based practice was 59.7% [95%CI: 54.8-64.3]. Sex [AOR 3.26, 95%CI: 1.99-5.34], position [AOR 2.49, 95%CI: 1.23-5.05], administrative help & inspire [AOR 2.04, 95%CI: 1.18-3.54], cooperative and supportive colleagues [AOR 2.38, 95%CI: 1.31-4.32], enhancing research understanding [AOR 2.12, 95%CI: 1.27-3.54], and training [AOR 2.27, 95%CI: 1.36-3.81] have been notably associated with evidence evidence-based practice.

Conclusion: About six in 10 nurses had good knowledge of evidence-based practice among nurses working in public hospitals of eastern Ethiopia. Sex, position, administrative help and encouragement, cooperative and supportive colleagues, enhancing research understanding, and training have been crucial factors of evidence-based practice among nurses. Consequently, having administrative support and encouragement, working cooperatively and supportive with colleagues, enhancing studies know-how, and gaining good enough schooling might grow the knowledge of evidence-based practice.

Keywords: Nurses, knowledge, Associated Factors, Evidence-Based Practice, Public Hospitals, Eastern Ethiopia

Introduction

Evidence-based practice (EBP) is a technique based on the gathering, interpretation, appraisal, and integration of legitimate, clinically tremendous, and applicable studies [1]. Evidence-based practice decisions need to be made by way of the ones receiving care, knowledgeable through the tacit and specific understanding of those offering care, inside the context of available assets [2].

The interpretation of proof into exercise has a position in ensuring nice care, patient protection, and improved patient effects [3]. Nurses are required to use their clinical revel and systematic critiques as well as appraise the evidence for nursing care [4]. Researchers have argued that everyday practice in nursing care is motivated more by culture, instinct, and revel in and less through scientific research. Research revealed that nurses` knowledge of evidence-based practice was low [1,5-8].

Loss of competency and shipping of EBP threatens the first-class protection of healthcare and hinders the efforts of nurses

to ensure tremendous effects for sufferers [8]. Enhancing the understanding of nurses is step one in evidence-based practice [10]. It is critical to teach nurses to gather EBP understanding and skills to supply safe, excessive first-rate, and patient-centered care. There were variations in the degree of knowledge about evidence-based practice among nurses. For example, more than a fourth of Japan, two-thirds in Pakistan, and nearly half in Nigeria and southern Ethiopia had poor knowledge about EBP [1,11,12].

In previous research in Ethiopia, nurses' understanding of evidence-based practice was assessed using the questionnaire with only yes or no responses, but in the present study, the questionnaire was modified to scale to minimize information loss [13]. Additionally, there is a paucity of information regarding information of evidence-based practice and related factors among nurses in eastern parts of Ethiopia. There's a paucity of records regarding knowledge of evidence-based practice and associated factors among nurses working in eastern parts of Ethiopia, especially in the Harari region and Dire Dawa metropolis management. Therefore, this study aimed to evaluate the knowledge of evidence-based practice and associated factors among nurses working in public hospitals in eastern Ethiopia.

Methods And Materials
Study Area and Period
The study was performed in 4 public hospitals in eastern Ethiopia (Harari region and Dire Dawa city administration). There are two public hospitals within the Harari region, particularly; Hiwot Fana Specialized Hospital and Jugal Hospital. 256 nurses are working in the Hiwot Fana specialized and 103 nurses working in Jugal Hospital. The overall catchment populace is expected to be 5.8 million. There are two public Hospitals in Dire Dawa city administration, particularly; Dilochora Referral Hospital and Sabian General Hospital. 163 nurses are running inside the Dilochora Referral Hospital and 93 nurses working within the Sabian General Hospital. The study was performed from June 1-30/2022.

Study Design: Institutional-based cross-sectional study was employed.

Source Population: All nurses working within the public hospitals of eastern Ethiopia.

Source Population: All selected nurses working within the public hospitals of eastern Ethiopia throughout the study period.

Eligibility Criteria
All selected nurses working within the public hospitals of eastern Ethiopia had been covered. However, nurses with work experience of less than six months, and nurses on ill, annual, and maternal leave in the course of facts series duration were excluded.

Sample Size Determination
The sample was calculated through the usage of the single population proportion method. The subsequent assumptions were taken into consideration; 95% confidence level, 54.7% proportion of knowledge about evidence-based practice, and 5% marginal error as follows [5].

$$n = \frac{\left(\frac{z@}{2}\right)^2 p(1-p)}{d^2} = \frac{(1.96)^2 x 0.547(1-0.547)}{(0.05)^2} = 381$$

Then, with the aid of including a 10% non-response rate the final sample size was 419.

Sampling Procedure
Eastern Ethiopia consists of Harari Reginal State and Dire Dawa City administration. There are two hospitals in each and all of the four were included inside the take a look at. Then, the number of nurses working in every Hospital was identified by the human resource management of every Hospital. The identified number of nurses were; 256 nurses working at Hiwot Fana Specialized Hospital, 103 nurses working in Jugal Hospital, 163 nurses working in Dilochora Referral Hospital, and 93 nurses working in Sabian General Hospital. Next, the quantity turned proportionally allocated to the total sample size. Ultimately, a simple random sampling approach was used to pick out nurses from each Hospital. (Figure 1).
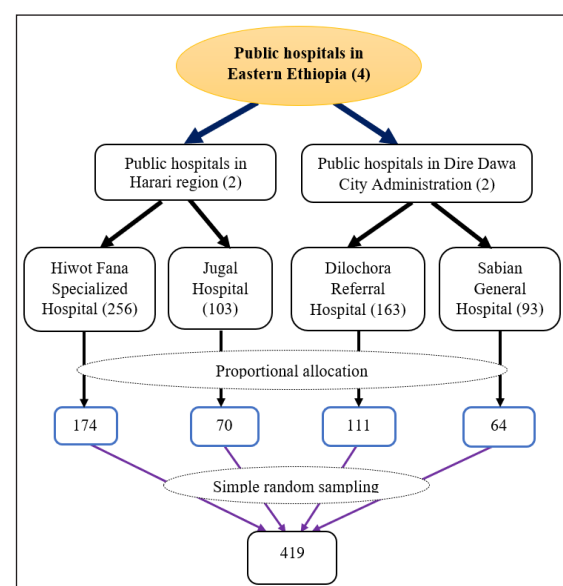
Figure 1: Sampling scheme of study of knowledge about EBP among nurses working in public hospitals of eastern Ethiopia, 2022

Study Variables
Dependent Variable: Knowledge of EBP
Independent Variables
Socio-Demographic Factors: age, sex, marital status, position, work experience, working unit inside the hospital, and academic level.

Hospital-Related Factors: administrative support and encouragement, colleague assistance, enough staffing, improving research information, and training

Operational Definitions
Knowledge of EBP: It is the nurses` knowledge of EBP. It became measured through the use of six knowledge-assessing questions. Each question has four scales (o (zero) for none, 1 for low, 2 for medium, and three for high). Then, individual scores become computed, recoded, and in the end, classified as good knowledge (if scored mean and above) or poor knowledge (if scored underneath mean) [5].

Data Collection Tool and Process

statistics was collected through the use of an established, pre-tested, and self-administered that changed into tailored and changed from preceding research [1,5,7,11]. The reliability took a look at the usage of Cronbach's Alpha test and it was 0.886. Bachelor of Sciences in pharmacy and four experienced masters of public health officers were recruited for data collection and supervision respectively.

Data Quality Control

A pre-test was accomplished on 5% (31 nurses) of the total sample size at Bisidemo Hospital. A day of training was given to the data collectors and supervisors before data collection. The point of interest of education became the objective of the take a look at, know-how the that means of each query, obtaining consent, preserving the confidentiality of the data they accrued, and exceptional data collection. The accumulated questionnaire becomes checked for readability, accuracy, and completeness on an everyday basis.

Statistical Analysis

The data was entered into Epi-Data version 3.1 software and exported to Stata model sixteen for analysis. Descriptive statistics consisting of frequency and percentage had been computed to summarize the facts supplied by the usage of tables and graphs. Bivariable logistic regression analysis was run to peer the affiliation among the outcome variable and every predictor, and variables with p-value<0.25 at 95% CI were included in the multivariable analysis to control all possible confounders. Multicollinearity between each predictor was checked by considering a variance inflation factor greater than ten. The Hosmer-Lemeshow goodness of fit was done to check model fitness. Adjusted odds ratios together with their corresponding 95% confidence intervals were determined to measure the strength and level of significance of the association and statistical significance was declared at a p-value less than 0.05.

Result

Socio-Demographic Characteristics

Four hundred nineteen nurses participated in the study, which made the overall response rate 100%. Out of 419 nurses, 143(34.1%) were in the age group of 30-34 years old and 210(50.1%) were males. Nearly half, 217(51.8%) were married and 298(71.1%) were bachelor's degree holders, and the position of 345(82.3%) nurses was a staff nurse. (Table 1).

Table 1: Socio-demographic characteristics of nurses working in public hospitals of Eastern Ethiopia, 2022.

Variables (n=419)	Categories	Frequency	Percent
Age	20-24 years old	64	15.3
	25-29 years old	141	33.7
	30-34 years old	143	34.1
	>34 years old	71	16.9
Sex	Male	209	49.9
	Female	210	50.1
Marital status	Single	138	32.9
	Married	217	51.8
	Widowed	23	5.5
	Separated	18	4.3
	Divorced	23	5.5
Educational status	Diploma	95	22.7
	Bachelor degree	298	71.1
	Master's degree	26	6.2
Working unit	Medical-Surgical	158	37.7
	Intensive care unit and operation room	101	24.1
	Emergency	72	17.2
	Others (OPD, NICU, Maternity)	88	21.0
Position(Role)	Staff Nurse	345	82.3
	Head nurses	74	17.7
Work experience	6 month- 3 years	178	42.5
	4 years -6 years	151	36.0
	> 6 years	90	21.5

Abbreviation: OPD: outpatient department; NICU: neonatal intensive care unit

Hospital Related Factors

Less than half of, 175(41.8%) nurses reported the presence of administrative help and encouragement, and further, 154(36.8%) nurses stated they had cooperative and supportive colleagues in working. Simplest 187(44.6%) nurses had been enhancing their research information and in addition, 206(49.2%) nurses mentioned sufficient staffing in their health facility. Training was given to 183(43.7%) nurses. (Table 2).

Table 2: Hospital-related factors of nurses working in public hospitals of eastern Ethiopia, 2022.

Variables (n=419)	Category	Frequency	Percent
Administrative support & encourage	Yes	175	41.8
	No	244	58.2
Cooperative and supportive colleagues	Yes	154	36.8
	No	265	63.2
Improving research knowledge	Yes	187	44.6
	No	232	55.4
More employees/ sufficient staffing	Yes	206	49.2
	No	213	50.8
Given adequate training	Yes	183	43.7
	No	236	56.3

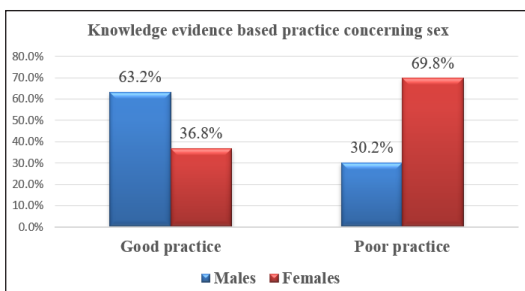### Knowledge Evidence-Based Practice Among Nurses

Out of 419 nurses, 169(40.3%) had poor knowledge. However, 250(59.7%) nurses had good knowledge about evidence-based practice. (Figure 2).

Figure 2: Knowledge of evidence-based practice among nurses working in Public Hospitals of eastern Ethiopia, 2022.

Knowledge of Evidence-Based Practice Concerning the Sex of Nurses

Out of 419 nurses, 158(63.2%) males and 92(36.8%) females had good knowledge. However, 51(30.2%) males and 118(69.8%) females had poor knowledge about evidence-based practice. (Figure 3).
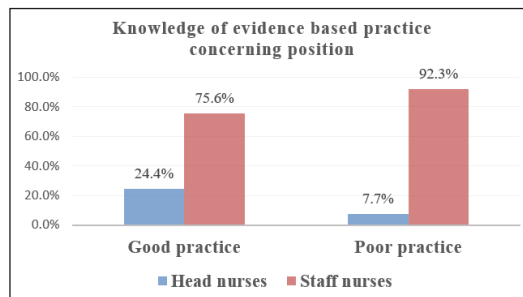

Figure 3: Knowledge of evidence-based practice concerning sex among nurses working in Public Hospitals of eastern Ethiopia, 2022.

Knowledge of Based Practice Concerning the Position

Out of 419 nurses, 61(24.4%) head nurses and 189(75.6%) staff nurses had good knowledge. But, 13(7.7%) head nurses and 156(92.3%) staff nurses had poor knowledge about evidence-based practice. (Figure 4).

Figure 4: Knowledge of evidence-based practice concerning position among nurses working in Public Hospitals of eastern Ethiopia, 2022.

Factors associated with knowledge of the evidence-based practice

In bivariable logistic regression analysis, sex, educational status, working unit, position, administrative assistance & encouragement, cooperative and supportive colleagues, improving research expertise, and good enough training had been notably related to knowledge of EBP among nurses. Whereas, in multivariable logistic regression, sex [AOR 3.26, 95%CI: 1.99-5.34], position [AOR 2.49, 95%CI: 1.23-5.05], administrative help & inspire [AOR 2.04, 95%CI: 1.18-3.54], cooperative and supportive colleagues [AOR 2.38, 95%CI: 1.31-4.32], enhancing studies knowledge [AOR 2.12, 95%CI: 1.27-3.54], and training [AOR 2.27, 95%CI: 1.36-3.81] were appreciably associated with expertise of EBP amongst nurses. (Table 3).

Table 3: Bivariable and multivariable logistic regression analysis of EBP among nurses in public hospitals of eastern Ethiopia, 2022.

Variables (n=419)	Category	Knowledge of EBP		COR (95%CI)	AOR (95%CI)	p-value
		Poor	Good			
Sex	Male	158(37.7%)	51(12.2%)	3.97(2.62-6.03)	3.26(1.99-5.34)	0.000*
	Female	92(22.0%)	118(28.2%)	1	1	
Educational status	Diploma	63(15.0%)	32(7.6%)	0.19(0.07-0.49)	0.33(0.111.04)	0.059
	Bachelor degree	99(23.6%)	199(47.5%)	0.74(0.30-1.82)	0.84(0.29-2.39)	0.743
	Master's degree	7(1.7%)	19(4.5%)	1	1	
Working unit	Medical-Surgical	64(15.3%)	92(22.4%)	1.61(0.95-2.72)	1.80(0.97-3.36)	0.064
	Intensive care unit & operation room	36(8.6%)	65(15.5%)	1.98(1.10-3.55)	1.76(0.90-3.42)	0.096
	Emergency	23(5.5%)	49(1.7%)	2.33(1.22-4.46)	1.75(0.81-3.79)	0.156
	Others (OPD, NICU, Maternity)	46(11.0%)	42(10.0%)	1	1	
Position	Staff Nurse	156(37.2%)	189(45.1%)	1	1	
	Head nurses	13(3.1%)	61(14.6%)	3.87(2.05-7.31)	2.49(1.23-5.05)	0.012*
Administrative support & encourage	Yes	94(22.4%)	81(19.3%)	2.11(1.41-3.15)	2.04(1.18-3.54)	0.011*
	No	75(17.9%)	169(40.3%)	1	1	

Cooperative and supportive colleagues	Yes	78(18.6%)	76(18.1%)	1.96(1.31-2.94)	2.38(1.31-4.32)	0.004*
	No	91(21.7%)	174(41.5%)	1	1	
Improving research knowledge	Yes	97(23.2%)	90(21.4%)	2.39(1.61-3.57)	2.12(1.27-3.54)	0.004*
	No	72(17.2%)	160(38.2%)	1	1	
Given adequate training	Yes	130(31.0%)	53(12.6%)	2.37(1.58-3.57)	2.27(1.36-3.81)	0.002*
	No	120(28.6%)	116(27.7%)	1	1	

Abbreviation: AOR: adjusted odds ratio; COR: crude odds ratio; EBP: Evidence-Based Practice; OPD: outpatient Department; NICU: neonatal intensive care unit

Trace: "*": significant at p-value < 0.05, "1": Reference group

Discussion

The good knowledge of evidence-based practice was 59.7% [95%CI: 54.8-64.3]. It became in step with the look achieved in southern Ethiopia which was 54.3% [5]. However, it became lower than other studies [14-17]. On the other hand, it became higher than research conducted in Chitwan and Nepal [18,19].

In this look, sex becomes substantially associated with knowledge of evidence-based practice. Males were 3.26 instances much more likely to have good knowledge of evidence-based practice compared to ladies. It became comparable with other studies performed in southern Ethiopia (5), that said lady nurses were less in all likelihood to be informed than men [5]. This might be related to much less involvement of females in training and positions in developing international nations. Further to that females in growing nations specializing in familial problems and child-rearing prevents them from collaborating in positions and symposiums.

This examination showed that role was substantially associated with knowledge of evidence-based practice. Head nurses have been 2.49 times more likely to have good knowledge of evidence-based practice as compared to workforce nurses. This might be associated with that nurses in the position are at a chance of training, symposiums, and seminars. Moreover, the role is given to nurses who have better scores in usual performances within the hospital and have better experience.

Administrative support and encouragement become drastically associated with knowledge of evidence-based practice. Nurses who had administrative assistance and encouragement were 2.04 instances more likely to have good knowledge of evidence-based practice compared to nurses who no longer have administrative assistance and encouragement. The feasible reason for this might be aid and encouragement from administrative bodies to enhance motivation for nurses to recognize evidence-based practice. Further, administrative bodies that help and encourage would possibly paint in collaboration with different governmental and nongovernmental organizations in training and fabric support to grow the know-how of nurses for evidence-based practice.

On this have a look at, cooperative and supportive colleagues became substantially related to knowledge of evidence-based practice. Nurses who had cooperative and supportive colleagues were 2.38 instances more likely to have good knowledge of evidence-based practice in comparison to nurses who no longer have cooperative and supportive colleagues. The possible purpose for this might be inter-personnel knowledge of the proof-primarily based practice. It is acknowledged that having cooperative and supportive colleagues in a work environment is for commonplace know-how and it can be a feasible motive to grow the knowledge of evidence-based practice.

The result of this has a look at that enhancing study expertise was considerably related to knowledge of evidence-based practice. Nurses who progressed their research know-how were 2.12 instances much more likely to have exact knowledge of evidence-based practice as compared to nurses who did not enhance their research information. It was comparable with different studies (9, 17, 20). The reason behind this might be associated with the nurses` inner motivation to have records about proof-based practice via improving research understanding, which is crucial for evidence-based practice. Improving the potential of studies in nursing is the initiation of improving the expertise of evidence-based practice in nursing. This could lead nurses to have correct expertise in evidence-based practice.

Training becomes extensively related to knowledge of the evidence-based practice. Trained nurses were 2.27 instances more likely to have good knowledge of evidence-based practice compared to non-skilled nurses. The possible explanation is probably that schooling nurses on evidence-based practice enhances the knowledge of nurses approximately evidence-based practice. Training at the knowledge-based practice is sharing information, which is probably the reason for having top information.

Limitations of the Study

They have look is probably vulnerable to records bias as it becomes a self-administered questionnaire and recollect bias.

Conclusion

About six in 10 nurses had good knowledge of evidence-based practice among nurses working in public hospitals in eastern Ethiopia. Sex, position, administrative help and inspiration, cooperative and supportive colleagues, improving studies knowledge, and training were essential hazard factors of knowledge of evidence-based practice among nurses. Consequently, having administrative assistance and inspiration, operating cooperatively and supportive colleagues, enhancing studies information, and gaining adequate training about evidence-based practice might grow the knowledge of evidence-based practice for nurses.

Implications for Nursing Practice

Assessing the knowledge of evidence-based practice and its associated factors among nurses is a vital action to implement

evidence-based practice for patients. Also, determining the factors that hinder or enhance knowledge of evidence-based practice is a clue in aiding the practice of evidence-based practice policy-making. Nursing care stakeholders can have better results if develop strategic interventions regarding administrative help and inspiration for nurses, encourage cooperative and supportive colleagues among nurses, expose nurses to enhance studies knowledge, and bring training opportunities for nurses about evidence-based practice.

Ethical Clearance
Ethical clearance was approved by Haramaya University College of Health and Medical Sciences Institutional Health Research Ethical Review Committee (IHRERC/85/14). Communication was made with letter of cooperation to the selected public hospitals before data collection. Prior to administering the questionnaires, the objectives of the study were clearly explained to the heads of the hospitals.

Informed Consent
A written and signed consent was obtained from each participant. Confidentiality was ensured throughout the accomplishment of the study. Participants were informed that their participation was voluntarily that they could withdraw from the study at any time if they wish to do so. All the information given by the respondents was used for research purposes only. To keep the anonymity of study participants, code numbers rather than personal identifiers was used. Finally, the questionnaires were kept locked.

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