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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH INFORMATICS

Evidence-Based Practice And Associated Factors Among Health Care Providers Working In Private Health Facilities At Bahir Dar City, Northwest Ethiopia, 2024.

BY:

Desalew Dinberu (BSc Nursing, MPH)

A THESIS SUBMITTED TO BAHIR DAR UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTER OF PUBLIC HEALTH IN HEALTH INFORMATICS.

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BAHIRDAR, ETHIOPIA

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List of Abbreviation and Acronyms

AOR -- adjusted odds ratio

CI --confidence interval

CSA -- Central Statically Agency

EBP -- Evidence Based practice

ETB --Ethiopian Birr

GC ----- Gregorian Colander

LMIC -- Low and Middle Income Country

MRI ---Magnetic Resonance Image

SD --Standard Devotion

UK --United Kindem

USA -- United States of America

HP -- Health Profession

WHO-- World Health Organization

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Abstract

Background: - Applying Evidence-based practice (EBP) is used for improving the quality of care, reducing health care costs, and increases patient and family satisfaction during clinical decision-making. The level of EBP among health professionals is not known, particularly in Private facilities. Hence, this study aimed to assess utilization and associated factors of EBP among Health professional working in private health facilities at Bahir Dar City, Ethiopia.

Objective:-This study is aimed to assess Evidence-Based Practice and Associated Factors among Health Care Providers Working in Private health facility Bahir Dar Northwest Ethiopia, 2024.

Methods: - An institutional-based cross-sectional study was conducted from May 12 to July 27, 2024, at Bahir Dar Private Health Facilities. A systematic random sampling technique was used to select 418 respondents. Data was collected by two trained BSc nurses, and then, after checking and clearing, data were entered into Epi Data version 4.7 and exported to IBM SPSS Version 20 for analysis. A bivariate analysis was primarily performed, and variables with a P-value of ≤0.25 were further examined using a multivariable logistic regression model to control confounders. Then, a variable P-value ≤0.005 with a 95% CI was used to determine associated factors.

Results: - Out of all 418 proposed health professionals, 411 (98.3%) completed the questionnaires. Out of this 65.5% (95% CI: 60.8-69.8) of them had good evidence-based utilization. Variables include good knowledge ((AOR = 2.413, 95%CI: 1.418-4.104)), good attitude (AOR=1.990, 95% CI: 1.184-3.344), had no sufficient time to find information (AOR= 1.864:95% CI: 1.123-3.094) and absence of interdisciplinary discussion during making decisions (AOR=2.141: 95% CI: 1.272-3.601) were found to be predictors of EBP utilization.

Conclusion: - Applying Evidence-based practice (EBP) when clinical decision is the best scientific evidence for better clinical decision-making in professional for patient care. Having good knowledge, attitude, interdisciplinary discussion and sufficient time were associated with EBP.

Key words: - Evidence-based practice, associated factors, health professionals, private facilities Bahir Dar City, Ethiopia.

1. Introduction

1.1 Background

Evidence-based practice (EBP) is the combination of best research data, clinical expertise, patient preferences, and value that helps to provide quality of health service, quality of patient care, clinical efficacy, and effectiveness when making decisions (1). The idea of EBP is needed by both patients and health providers to shift from traditional practice to EBP healthcare service ultimately(2).

The sleek of up-to-date information, guidelines, and research references advances technological use for consistency of care, patient-centeredness, increased health outcomes, and to avoid unwanted and duplication of tests, procurers, and medication for clinical decision-making to individual patient care and policymakers. (1, 3, 4) .

Health is the most significant human need. New drugs and technologies were developed by health professionals and implemented for patient management approaches to providing the best possible care and treatment to their patients because of evidence-based practice. (5, 6) . Patient perspectives, beliefs, expectations, and goals for health and life were patient preference and value that patients give trust and come back to other treatment because of comfort, cost, convenience, satisfaction, and improvements of patient outcome or other beliefs. (6).

To improve health care delivery and patient outcomes in low-cost middle-income countries, EBP was implemented in the last two decades (7). But studies conducted globally discovered that the knowledge and skills of the healthcare workforce to use evidence-based practice were quite limited; however, EBP was not the norm and was challenged to implement in developing countries due to a lack of resources, the nature of the healthcare workforce, and the limitation of available interventions.(8).

In the UK, Canada, and USA, EBP measured the efficiency and effectiveness of the health care service and patient outcome in government health facilities (1). EBP had a greater impact on outcomes in developing countries, where better use of evidence in the healthcare system could dramatically help improve healthcare delivery performance.

Some African countries do not have a well-organized report on evidence-based healthcare provider practice. To bring evidence-based practice onto the agenda at national, regional, and

local levels, Ethiopia faces a heat of challenges due to their complicated health problems, unavailability of adequate medical tools, and low-scoring, proven interventions. so workshop on evidence-based healthcare for different health professionals in Addis Ababa (9). Despite the effort underway, studies highlighted that health care providers in Ethiopia did not apply evidence-based evidence; rather, they relied on experience, tradition, common sense, and untested theories (2).

Also, at all levels of the health systems, there is a little culture to using research evidence during decision-making (10, 11). The previous studies that were done focused on EBP utilization among different health care professionals, which couldn't specifically show a health care provider gap. Previous research exploring nurses' beliefs, skills, and knowledge of EBP had reported that professionals were listing out various reasons to implement EBP.(9). Both of them were small-scale surveys limited to particular corners of the region.

Hence, they did not provide a full picture of the extent of evidence-based professional practice on a regional level. Moreover, these studies didn't give more emphasis on the association between computer skills and health care provider EBP utilization. (2). Therefore, this study was conducted to determine EBP utilization and identify factors that affect it among health care provider working in Bahir Dar City private health facility, Ethiopia.

1.2 Statement of the problem

Different studies are conducted about EBP globally. Studies in the European Czech Republic, Greece, Italy, Poland, Slovenia, Spain, Norway, Australia, and Iran showed serious consequences for quality of care as well as for patient safety and outcomes. And the result could be different based on their economic status. (12). Sub-Saharan Africa, Zambia, Ghana, Nigeria, and Ethiopia had low EBP status. For exam EBP in Ethiopia, 46% (2-4, 12), this was very low and was an indicator of difficulty in synthesizing evidence for policymaking and strengthening the health care system. Poor information about EBP leads to failure of health service efficiency, ineffectiveness, and unsafe and inequitable health outcomes. (12).

The major barriers that affect EBP among health professionals were lacking knowledge and skills, tradition, intuition, experiences, and low access to scientific research (8, 13, 14). Most nurses still perceive their own EBP skills to be inadequate, lack prepared, and do not feel qualified to apply EBP in their work area due to insufficient knowledge, values, and competencies for understanding and using EBP. Healthcare professionals, nurses play a key role

in providing effective, safe, and evidence-based care, which requires the translation of research results into EBP (World Health Organization, 2017). To ensure safe and quality nursing practice, the acquisition of EBP competency is essential. That expected EBP outcome of providing the best possible care at the lowest possible cost in a limited-resource setting can rarely be achieved(10).

Moreover, in Ethiopia as well as in the study area, there was a shortage of time, training during medical school, use of out-of-date guidelines, lack of health information technology resources (e.g., hardware, software, or Internet connectivity), complexity of the health care system, and poor performance of the facility manager. Community input, economic and political instability, infrastructure, shortages of care providers in low-income countries, lack of understanding of statistics, lack of authority to change patient care, and lack of time to read literature and providers may also have had negative attitudes toward EBP, which was the other factor leading to poor quality care.

These were costly, time-consuming, and an intensive use of resources (8, 12, 15). Conducting training for A different level of organizational manager could lead to improvements in EBP attitude, skills, and knowledge across health professions (16). So to improve EBP for increasing health outcomes and decreasing costs, include managerial and peer support, availability of time to review and implement research findings, availability of relevant research, colleagues' increased availability of up-to-date research findings and standard guidelines, use of sophisticated medical and technology, training, and educational meetings. Understanding how EBP is implemented and perceived in low-income settings is critical for improving health care outcomes.(8, 13, 16).

Study conducted at public hospitals in southwest Ethiopia, The studies attempt to demonstrate that low evidence-based practice was problems at the individual level, including low levels of knowledge, a lack of familiarity with EBP, individual perceptions, an inability to improve health quality, patient treatment failure, patient dissatisfaction, improper decision-making, and poor patient outcomes(17).

Most of the studies conducted by different researchers were focused on government health facilities. In this regard, there are few studies conducted on evidence-based practice and its predicting factors among healthcare providers in public hospitals nationally, but there are none specifically in private health facilities and they did not include all clinical health providers. Thus,

this study identified the EBP among healthcare providers working in Bahir Dar city administration, at private health facilities overall, all clinical providers, and the main factors that contribute to evidence-based practice. It could be used to guide action measures and to provide information to reduce the factor experienced by healthcare providers in the study area. This study aimed to assess the level of EBP among health care providers in private hospitals in Bahir Dar City and to determine the factors associated with their use of EBP.

1.3 Significance of the study

In the healthcare system evidence based practice utilization in decision-making had boundless value to preserve cost-effective service and safe patient care. This study aimed to assess evidence-based practice across all healthcare providers and identified contributing factors among Health Care Providers Working in Private health facility Bahir Dar Northwest Ethiopia, 2024.

The study helps to give additional information for different stakeholders, planners, and program evaluators about evidence based practice and its predicators in health care provider working private health facility.

The results would also help health care institutions; to recognize factors related to organization in EBP & help them to take corrective measures in attempt to create conducive environment and to improve the health status of their employees as well as efficiency and quality of care.

In addition, the study would be serving as providing information for policy makers and healthcare provider to develop evidence based practice utilization.

Furthermore, the findings from this study benefit researcher interested in the field by providing information regarding job evidence based practice and its predictors in healthcare provider working in private health facilities in the study area.

2. Literature review

2.1 The evidence-based practice in Ethiopia

From 1998 to 2018, EBP competencies for nurses nursing education in European countries, based on a literature review and consensus statements, and EBP competencies for nurses and EBP learning outcomes show that. The proportion of learning outcomes was 18.3% in the affective domain, 29.1% in the cognitive domain, and more than half (52.5%) in the skills domain encompassing attitudes, knowledge, and skills dimensions (20). Moreover, 50% of doctors, nurses, and midwives have no access to computers or the internet, and 48% have never heard of evidence-based. The World Health Organization (WHO) recommended broader access to health care information to enhance EBP (21).

Most studies were conducted in the USA (36%), UK (18%), or Canada (11%). A systematic review of research conducted on middle managers' role in implementing evidence-based practices in healthcare resulted in EBP (21.9%) of studies assessed middle managers' role in implementing regulations, policies, and guidelines. Other EBPs included administrative innovations (15%), operational innovations (10%), technological innovations (e.g., surgical instruments, MRI 9%), or human resources development (e.g., training staff, including middle managers) (9%) (24).

The research was conducted in five hospitals in Denmark. The Implementation of Evidence-Based Practice in Nursing at Danish Hospitals was conducted by interviewing nurse expertise about several different implementation models that are used in practice to assist the implementation process.

The study conducted at the University of South Australia in 2014 showed that the major barriers to research use were that "the relevant literature is not compiled in one place," there is "insufficient time on the job to implement new ideas," So the results show that 46.1% search occasionally, 16.6% search often, and 5.2% search very often for evidence and research information (11).

In many African countries, it has been shown that a significant amount of nurse professionals have poor EBP utilization. Some of them were Zambia (54%), Ghana (25.3%), Nigeria (30.9%), and Kenya (12%) had utilized evidence-based practice (9).

The reason for this is that nurses face numerous challenges: lack of source, lack of time, inadequate skill, lack of training, and lack of knowledge, skills, attitudes, beliefs, Low and middle-income countries, later presentation, co-infections, malnutrition, higher levels of self-medication and use of traditional, reduced levels of resources, including human resources for basic health care, and political instability (4, 7, 12). Another study conducted among health professionals working at public hospitals in Illu Aba Bora and Buno Bedele Zones, Oromia Region, Southwest Ethiopia, in 2022 is 34.8% and 53%, respectively, among nurses and midwives working in various institutional settings in the Oromia Region, estimating 36.2% as health professionals. Factors that study low levels of knowledge, a lack of familiarity with EBP, individual perceptions that support clinical decision-making, an inability to synthesize the available literature, and resistance to change. The lack of infrastructure to access the literature, increased workload, lack of readily available research reports, and limited access to computers are factors that were linked to the poor level of evidence-based practice implementation(17).

In Ethiopia: A systematic review and meta-analysis Research conducted about evidence-based practice among health care professional's shows that 52.60% knowledge about EBP In cross-sectional. The researcher was done in Amhara, Oromia region, Addis Ababa, and SNNPR. The prevalence of good EBP among health professionals (5). In the University of Gondar and Tibebe Ghion teaching specialized hospitals, an institutional-based concurrent study design method of quantitative and qualitative research was conducted (4).

In 2022 in Ethiopia: After reviewing 21900 publications Systematic review and meta-analysis research conducted that Southern Nations Nationalities and Peoples Region, two in Oromia, and one in Addis Ababa of Ethiopia evidence-based practice among health practitioners ranged from 12.5% to 57.6%. Generally, the study was conducted in Ethiopia and shows that 42.94%(3).

In Jemma Zone public hospitals, an institution-based cross-sectional study was conducted from March 1-30/2015. About 18.4% had implemented evidence-based practice to a low level, 42% had implemented evidence-based practice to a medium level, and 39.6% of the respondents had implemented evidence-based practice to a high level. Knowledge and place of graduation were positively associated with the implementation of evidence-based nursing practice. (12)

Implementation of evidence-based practice and associated factors among nurses and midwives working in Amhara Region government hospitals: a cross-sectional study in March 2019. This

study revealed that 34.7% of participants implemented evidence-based practice moderately or desirably (13).

Nurse experts put great effort into the integration of the best available evidence into daily nursing practice. This report presents various examples and practical approaches to the implementation of clinical practice guidelines and evidence-based practice into nursing practice(18). The majority (87.4%) of the nurses had not attended any formal training on EBP, and 60% of them were not familiar with the concept of EBP. Nurses' attitude towards EBP was unfavorable, and their self-efficacy skills of EBP were poor. The most important supporting factor was mentoring by nurses who have adequate EBP experience. And the biggest barrier was difficulty judging the quality of research papers and reports. There was a moderate demand for training in all areas of EBP (19).

2.2 Factors associated with Evidence based Practice

2.2.1 Socioeconomic and Demographic factor

Studies conducted among nurses working in Amhara Region referral hospitals, Ethiopia, found marital status and work experience have a significant association with evidence-based practice (3). The study conducted among nurses and midwives working in Amhara Region government hospitals found age was a significant factor in utilizing EBP (5). A reward system may be needed to help profile innovative practice development achievements to support and encourage other new evidence-based practitioners as study conduct at the University of South Australia(8).

Another study conducted in public hospitals in Northwest Ethiopia During 2017 work experience, educational qualifications, working unit, and importance of EBP were not clear, and reporting a lack of orientations on new health priorities indicated the barrier to using EBP(2).

The study was conducted among nurses and midwives working in Amhara Region government hospitals. Age of participants was a barrier to the implementation of evidence-based practice (5).

2.2.2 Behavioral related factors:

The research conducted at Depok City in 2017 refers to developing countries like the Southeast Asia region, including Indonesia, whose maternal and child mortality rates increased due to inappropriate clinical practice. Lack of capacity in discovering, appraising, and interpreting evidence. Studies showed that knowledge and training have a significant association with

evidence-based practice (3). Nurses' research values, skills, and awareness are important factors that need to be considered(8).

To promote EBP knowledge, skills, and attitudes, committed to supporting organizations to deliver EBP and an education system efficient in supporting healthcare professionals (29 Lack of training work experience, trained as a bachelor's degree-level, my lack of clarity on the importance of EBP had low levels of EBP implementation and poor EBP skills.

Characteristics of the adopter: the nurses' research values and skills. Characteristics of the organization: setting, barriers and limitations, Characteristics of the innovation, qualities of the research Characteristics of the communication, presentation, and accessibility of the research were major factors for EBP utilization (30). Attitudes, training, management functions, inadequate time, and resources were influencing transforming from knowledge and attitudes to implementation (15, 31). A lack of EBP knowledge, insufficient skills, negative attitudes, low self-efficacy, and lack of EBP behaviors can be basic problems to implement EBP (32).

Moreover, individuals who had educational qualification level and work experience also showed statistically significant associations with professionals' EBP. Hence, health professionals who have a BSc and above educational qualifications and also professionals who have five years and above work experience have better EBP utilization as compared to professionals who have a diploma and have less than five years of work experience, respectively(5).

The other study conducted among nurses and midwives working in Amhara Region government hospitals showed a lack of knowledge, a lack of self-efficacy of implementation of evidence-based practice skills, and a poor attitude towards the implementation of evidence-based practice among participants of this study(13).

The study conducted among nurses and midwives working in Amhara Region government hospitals found that the attitude of participants, self-efficacy of implementation of evidence-based practice skills, nursing/midwifery work index, and knowledge of participants were found to be predictors of implementation of evidence-based practice. Insufficient time was the most common barrier to the implementation of evidence-based practice(13).

International studies indicate Lack of academic, clinical staff knowledge, communication skills, lack of a coordinated and cohesive approach, and perceived value of EBP in the midst of competing interests was a significant factor for EBP(20).

2.2.3 Organizational related factors:

Most studies were conducted in the USA, UK, or Canada, and a systematic review of conduct in middle managers' role in implementing evidence-based practices in healthcare. The result is the EBP of studies that assessed middle managers' role in implementing regulations, policies, and guidelines. Other EBPs included administrative innovations, operational innovations, technological innovations (e.g., surgical instruments, MRIs), or human resources development (e.g., training staff, including middle managers) (24).

The research conducted at Depok City in 2017 refers to developing countries like the Southeast Asia region, including Indonesia, who's maternal and child mortality rates increased due to inappropriate clinical practice. Due to lack information access, time constraints, major disparities in undergraduate education between health professionals, lack of access to relevant evidence, difficulty arranging meetings, and achieving consensus, these studies were reported. Health providers need to overcome these barriers to implement EBP.

To provide quality health care information and skills in generating and synthesizing evidence (21). Between 10 and 40% of patients do not receive care based on current scientific evidence (25). High burden of disease and extreme human and resource shortages In low and middle-income countries (LMIC) faced with a knowledge-to-practice gap, the need to implement effective and efficient healthcare strategies becomes even more important (26).

The common challenges that the EBP Facilitator staff turnover at all levels, infrastructure, shortage of nurse engagement to scheduled meetings, and EBP Implantation committees lack of standardized processes to evaluate and take EBP initiatives (27). Leaders to create infrastructures to support routine use of EBP Among hospital clinicians (n = 6160), only 42% reported having implemented EBP for clinical decision-making in the past year (28). Studies showed that, internet access, the availability of free time, have a significant association with evidence-based practice (3(3).

To promote EBP healthcare infrastructure committed to supporting organizations to deliver EBP and an education system efficient in supporting healthcare professionals (29). Lack of poor health facility, infrastructure, and lack of formal EBP/patient education units in facilities, trained as a bachelor's degree-level nurse or a bachelor's degree-level midwife, a general practitioner, or a specialist physician rather than a diploma-level nurse, my lack of clarity on the importance of EBP, or a lack of orientation sessions on new health priorities Health professionals had low levels of EBP implementation and poor EBP utilization.

These problems were particularly acute for providers with lower levels of training and lack of orientation sessions about priority health issues a large number of respondents reported and institutional barriers to EBP. These results suggest that clear leadership and ongoing, cross-disciplinary, skill-building approaches are needed to increase EBP implementation in Ethiopia (12) (2).

3. Conceptual framework

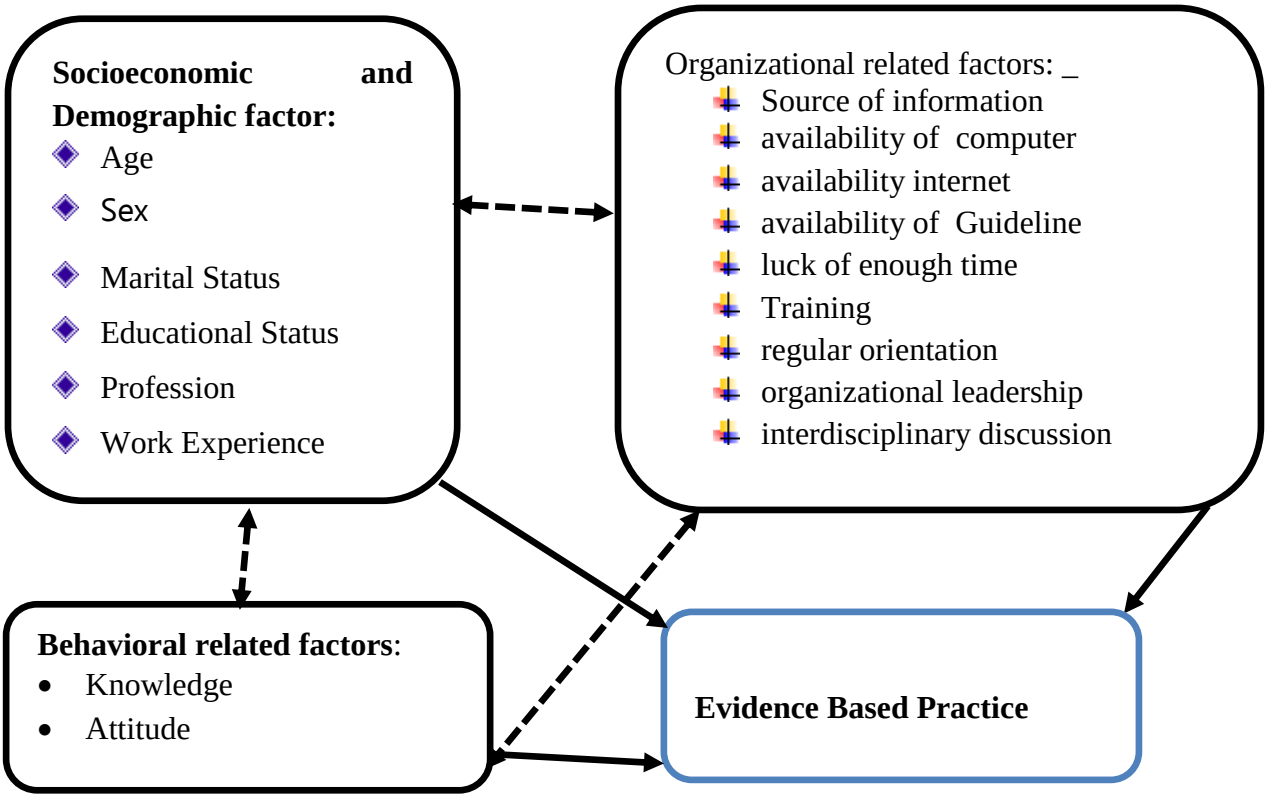


Figure 1 Conceptual framework of Evidence-Based Practice and Associated Factors among Health Care Providers Working in Private health facility At Bahir Dar Northwest Ethiopia, 2024.

4. Objective

4.1 General objective

- To assess evidence-based practice and associated Factor among Health Care Providers Working in Private Health Facility at Bahir Dar in Northwest Ethiopia, 2024.

4.2 Specific objectives

- To determine the magnitude of Evidence-Based Practice among Health Care Providers Working in Private Health Facility at Bahir Dar in Northwest Ethiopia, 2024.
- To identify factors associated with Evidence-Based Practice among Health Care Providers Working in Private Health Facility at Bahir Dar in Northwest Ethiopia, 2024.

5. Methods

5.1 Study Settings

The study was conducted in all Private health facilities of Bahir Dar City administration of Amhara Region. The City administration is located in 560 km North West from Addis Ababa. Based on the central statistical agency (CSA) population projection from the 2016 population and housing census, the City administration catchment population was about 439,121 of which 207,307 were males and 231,814 were females' and 83.5 % of them were urban residents.

The City administration had 4 general private hospital, 38 specialty clinic, 56 medium clinic and 7 junior clinic. From the total population, approximately 36.5% of the community utilizes private health sector facilities for healthcare services in Bahir Dar Town, Ethiopia (34). This figure highlights the significant role that private healthcare plays in the region's overall health service delivery. There were about 809 healthcare provider were selected as a sample frame of the study who were currently working on Private health facility. Then allocation of sample size for each Facility was made by proportional probability technique to the size of the number of Health professional. The study was conducted from May 12 to July 27/20247/ 2024 G.C

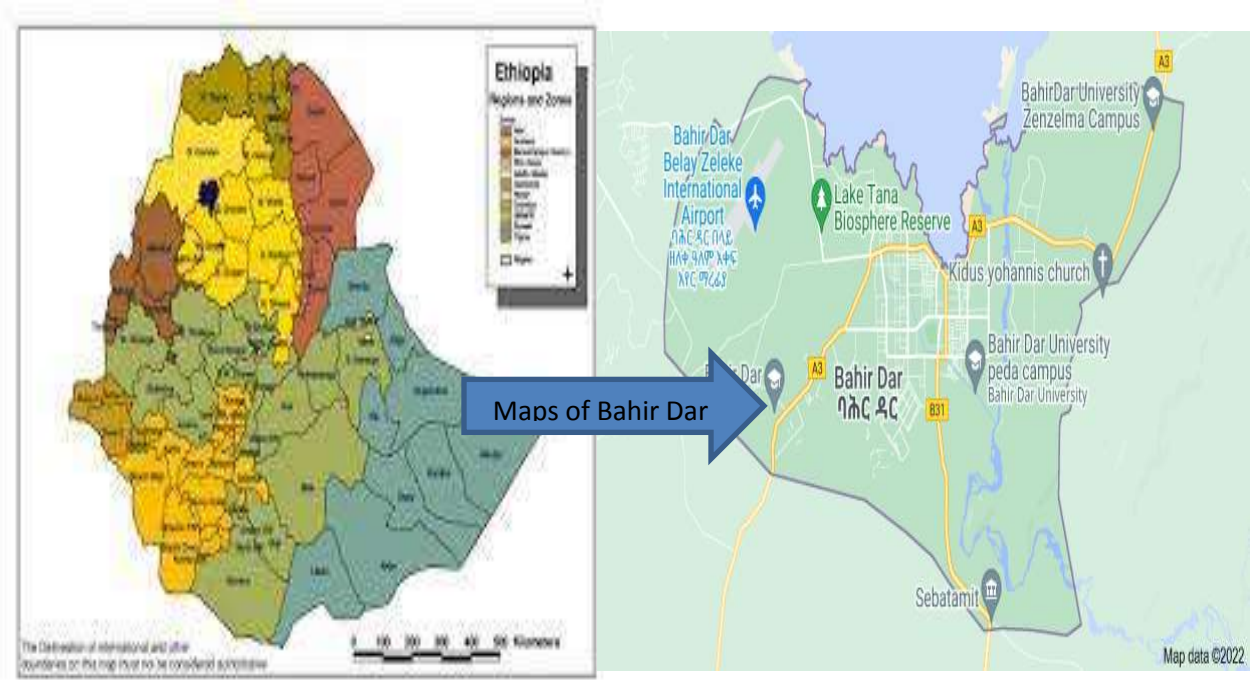


Figure 2 Map of Study area, Bahir Dar City administration by kebele, Northwest Ethiopia, 2024

5.2 Study Design and Period

5.3 An institution based cross-sectional study design was conducted.

5.4 Population

5.4.1 Source population

- All health providers who are working in the private health facilities at Bahir Dar City administration.

5.4.2 Study population

- All health providers who are working in selected private health facility at Bahir Dar City administration.

5.5 Eligibility Criteria

5.5.1 Inclusion criteria:

- ✓ All healthcare providers currently assigned and working in all private health facility at Bahir Dar City administration.
- ✓ All healthcare providers with working at least six month and above at all private health facility at Bahir Dar City administration.

5.5.2 Exclusion criteria:

- ✓ Those who were sick, annual and maternal leave
- ✓ If they were absent when data collection time were excluded.
- ✓ Healthcare providers who was not voluntary to participate in the study.

5.6 Sample size determination and sampling procedure

5.6.1 Sample size determination

The size of study participants included in this study was calculated using the single population proportion formula considering the proportion of evidence-based practice among health professional working on private health institutions. The study done from March 18 to April 16, 2019, in Amhara Region Referral Hospital had 55% evidence-based practice among health

professionals Gondar University Ethiopia(6). In 95% level of confidence, and margin of error 5%, the sample size was calculated Single population Proportion formula:

$$n = \frac{(Za/2)2\ P(1-P)}{d2}$$

Where: no= the initial sample size;

Z = the value corresponds to a 95 % level of significance = 1.96

P = Proportion of Evidence based practice done on health profession 55%

q= Proportion of health profession who were practice evidence-based decision.

d= tolerable marginal error which is taken to be 5%.

N= (1.96)*(1.96)*0.55(1_0.55)/0.05*0.05=380,

Substituting the values for each of these variables in the above formula, the sample size is estimated to be 380.

Using none response rate of 10%, the final sample size was 418 Health professional

5.6.2 Sampling procedure

First, the total sample size was proportionally allocated to all private health institutions in the Bahir Dar City administration. Then, using a random start time point. Then the final sample was selected from Health Facility by systematic random sampling techniques. The kth interval, i.e., 2nd interval, is determined by dividing the total number of health provider by the total sample size (418). The first contact in health facility was determine by random/lottery method.

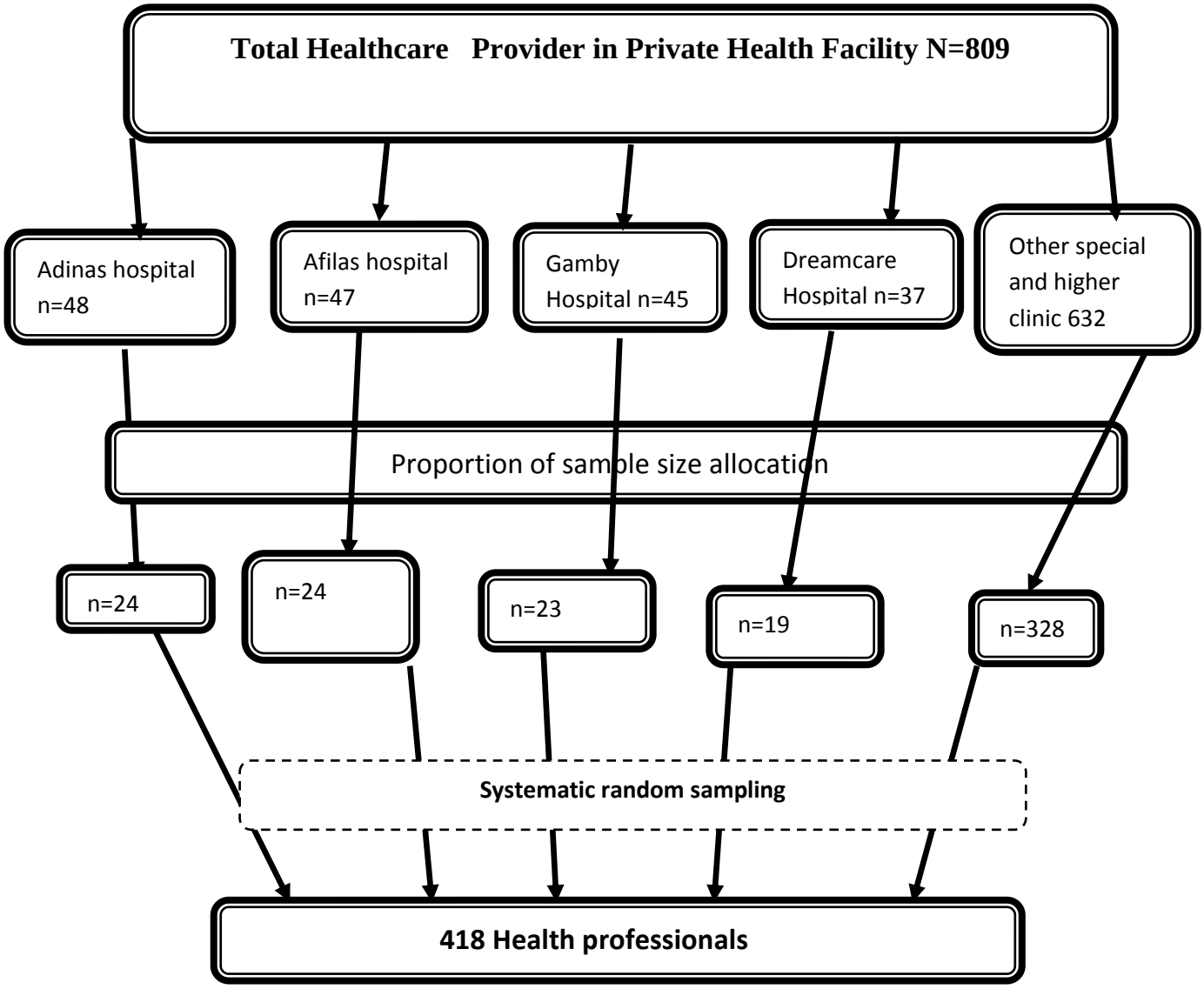


Figure 3 Schematic presentation of the sampling procedure in the selection of who were working in private hospital in Bahir Dar City administration, Northwest Ethiopia, 2024.

5.7 Study Variables

5.7.1 Dependent variable

- Evidence based practice.

5.7.2 Independent variables

Demographic and Socioeconomic Factors

- Age
- Sex
- Marital Status
- Educational Status
- Profession
- work Experience

5.7.3 Behavioral and related factors

- Knowledge
- Attitude

5.7.4 Organizational related factors

- Source of information
- Computer of availability
- Availability of Guideline
- Availability internet
- Luck of enough time
- Training
- Regular orientation
- Organizational leadership
- Interdisciplinary discussion

5.8 Operational definition

For this study, the term Evidence-based practice (EBP) is the process of integrated clinical expertise using current best information and taking patient values and preferences into consideration when making clinical decisions. Evidence- based practice (EBP) used to identify the problem and improve quality of patient care, clinical efficacy, and improved patient outcomes with lower costs.

• Evidence-based practice (EBP): using professional skill and refer different reference like Currant best published or unpolished Research, National Guideline and using patient value make decision properly for effective and efficient decision-making.

• Good Evidence-based practice (EBP) utilization: indicate the response rate of participants on level of Evidence-based practice above the mean value (8.97). And Poor Evidence-based practice was below the mean value (8.97).

Knowledge: - is the aggregated information, facts, skills, and understanding about a subject that a person gains through education, experience, and reasoning. In the workplace, a company's success is often based on the quality and accessibility of its knowledge, and the extent to which it's shared. The response of participants had good knowledge above the mean value (12.54) with Std. deviation (1.34) and had poor knowledge below the mean.

Attitude can be defined as the way in which a person views and evaluates something or someone, a predisposition or a tendency to respond positively or negatively toward a certain idea, object, person, or situation. The response of participants had good attitude above the mean value (14.52) Std. deviation (2.03) had poor knowledge below the mean.

Interdisciplinary involves researchers, students, and teachers in the goals of connecting and integrating several academic schools of thought, professions, or technologies—along with their specific perspectives in the pursuit of a common task. The response of participants had good Interdisciplinary discussion with each of them having response ‘yes’ response was coded as ‘good’, and ‘poor’ responses as ‘2’.

5.9 Data collection procedures

5.9.1 Data collection instruments and measurement

A structured and pre-tested self-administered questionnaires was prepared, designed, and developed in a way that meets the objectives of the study by reviewing different works of literature(2). The questionnaire was developed in English then translated in to Amharic version and back to English. The questionnaire had five sections.

To assure the quality of data, 10% of the questionnaire was pre-tested two weeks before the beginning of data collection about 30 individuals in the same target population at Private health facility in Bahir Dar City administration, out of the study area. Which was adapted from different studies tools(4).

Section one: - Demographic data includes age, sex, and marital status, profession, and educational level year of experiences.

Section two: - A total of 15 questions were asked to measure health professional' knowledge about EBP. with each of them having yes/no response 'yes' response was coded as '1', and 'no' responses as '2'. Each respondent's total EBP knowledge scores with a possible minimum score of 15 to a maximum of 30 were calculated after checking normal distribution. Therefore, knowledge about EBP was normally distributed so those who score above the mean (12.54). Were classified as good and below the mean were poor.

Section three: - six questions were asked to measure health professional attitudes towards EBP. Each attitude question had a five-point rating scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree). Each respondent had a possible total attitude score ranging from 6 to 36. The normal distribution of the respondent's attitude score was checked and found normally distributed. Finally, those who score above the mean are classified as good and below the mean were poor (14.52).

Section four: -health professional's evidence-based practice utilization and associated factors contains 6 with yes/no response. The internal reliability (Alpha Cronbach's) was 8.97. Finally, those who score above the mean are classified as good decision-making involvement.

5.9.2 Data collection Procedure

A structured self-administered questionnaire was used to obtain information from the respondents. Interview was conducted from June 01-10 /2024 during the regular working hours

by trained data collectors two BSC Nurse and one Supervisor who had master in public health informatics. The principal investigator and supervisors were checking and reviewing all the completed questionnaires to ensure completeness and consistency of the information collected.

5.9.3 Data Quality Control

To assure the quality of data, 10% of the questionnaire was pre-tested two weeks before the beginning of data collection about 30 individuals in the same target population at Private health facility in Bahir Dar City administration, out of the study area. It helps to correct uncleaned statements. The Training was given to data collectors for one day. The questionnaires were checked and write daily feedback and evaluated for clarity, completeness, and missed values and resolve questionnaire problems during data collection and proper data management/clearing and check appropriate variable and coding and categorize checking assumption after data collection.

5.9.4 Data Processing and Analysis

The data were entered into Epi Data version 4.7 encoded, cleaned and then exported to IBM SPSS Version 20 for statistical analysis. Frequency descriptive statistics was used to estimate the proportion of Evidence based practice in the entire samples and the study findings was presented in words, tables, charts and graphs using frequency, proportion and percentage values. Factors associated with Evidence Based practice were assessed with simple binary and multivariable logistic regression models. In the binary logistic regression analysis, independent variables with p-value less than 0.25 were entered into multivariable logistic regression analysis to control possible confounders(2).

In the multivariable logistic regression analysis, a p-value less than 0.05 was considered statistically significant. Odds ratio as a measure of association and 95% confidence level and/or p-value as a measure of statistical stability was reported.

5.10 Ethical consideration

Ethical clearance was obtained from Research Ethical Committee of Bahir Dar University School of Public Health with the protocol number of 1003/2024. Also, a legal letter was obtained from Amhara public health institution (APHI) and Bahir Dar city administration health office, permission was obtained from head of the health facilities and focal persons and prior to the data collection, informed oral consent was obtained from participants after a detailed explanation of the purpose and benefit of the study data was kept confidential through the use of codes.

5.11 Dissemination of results

The final finding of the research was presented to the examiner and advisor and submitted and defend to the Department of health informatics, School of public Health, College of Medicine and Health Sciences, Bahir Dar University. It was submitted to APHI and other concerned bodies. It will also be presented on different scientific conference. Furthermore, a manuscript will be developed and submitted for publication.

6. Results

6.1 Socio-demographic characteristics of the respondents

Out of 418 Health Care providers, 411 of them were completed the questionnaire, which makes a response rate of 98.3%. From the total interviewed Health Care Providers 237 (57.7%) were Female and 197 (47.9%) were married. Regarding educational status of the respondent 209 (51.9%) were bachelor's degree holders. Concerning professional status 209(50.9%) of the respondents were BSC nurses and working unit of the respondent 137(33.3) were from in Adult OPD, and 67(16.3%) were gynecology and Obstetrics unit. Most (46.7%) had only 1 to 4 years of work experience 253 (61.6%). (Table 1)

Table 1. Sociodemographic characteristics of health care provider working in Bahir Dar Zone private health facility, Ethiopia, 2024 (n = 411).

Variable	Category	Frequency	Percent
Sex	Female	237	57.7%
	Male	174	42.3%
Age (in year)	21-30	239	58.2
	31-40	136	33.1
	41-50	33	8
	51-60	3	0.7
Marital Status	Single	194	47.2
	married	197	47.9
	Windowed	3	0.7
	Divorced	17	4.1
Educational Status	Diploma	135	32.8
	BSC Degree	209	50.9
	Master	24	5.8

	Physician	43	10.5
Place of education completion	Government	222	54
	Private	189	46
Work experience (in years)	1-4	192	46.7
	5-8	126	30.7
	9-12	53	12.9
	13-38	40	9.7
Working unit	Adult OPD	137	33.3
	Gyni&Obs	67	16.3
	Pediatrics OPD	56	13.6
	Medical word	43	10.5
	Pediatric ward	16	3.9
	Surgical ward	31	7.5
	Emergency unit	33	8
	ART unit	2	0.5
	Other	26	6.3
Professional Monthly Salary ETB	<5000	55	13.4
	5000-1000	253	61.6
	10000-15000	57	13.9
	>15000	46	11.2

6.2 Behavioral related factors

A. Knowledge about (EBP)

Out of 411 participants, 354 (86.1%) were familiar with the term evidence-based practice.. But only 4.8% take EBP training and 277(78%) of them took it as part of their curriculum. The 256(62.3%) respondents had didn't understand the site where clinical related journals, articles and guide lines published. About 47.9% and 45.5%, of them had poor EBP knowledge, attitude towards EBP respectively. Most, 378(92%). (Table 2).

Table 2. Knowledge about evidence-based practice among Health Care Provider working in Bahir Dar Private City Facility, Ethiopia, 2024 (n = 411).

Variable	Category	Frequency	Percent %
Healthcare providers who were familiar with the term evidence-based practice	Yes	354	86.1
	No	57	13.9
Healthcare providers who knew the site where clinical related journals, articles and guidelines are published	Yes	256	62.3
	No	155	32.7
Healthcare providers who had taken EBP training	Yes	17	4.8
	No	338	95.2
Healthcare providers who had taken as part of their curriculum	Yes	277	78
	No	78	22
Healthcare providers who had understand the implication of EBP	Yes	351	85.4
	No	60	14.6
Healthcare providers who had faced difficultly understanding research reports.	Yes	56	13.6
	No	355	86.4
Healthcare providers who knew the steps for evidence-based practice	Yes	136	33.1
	No	275	66.9
Healthcare providers who Knew how to implement EBP sufficiently to make practice changes	Yes	207	50.4
	No	204	49.6
Healthcare providers who knew the three foundations for EBP	Yes	110	26.8
	No	301	73.2

B. Attitudes about (EBP)

More than half of the participants (56.9.4%) strongly agreed with the statement that EBP improves the care delivered to patients 116(28.2%) were agreed EBP was not relevant to their work. Regarding EBP needs skills and experiences of the respondent, 51(12%) of them neither agreed nor disagreed. Concerning EBP requires the active involvement of facility managers 256(62%) disagreed and 198(48%) of the respondent were EBP needs regular training and awareness creation. culture of organization to enhance EBP for managing patients 267(65) were agree and 253(65.6) were strongly disagree about EBP taking too much time so it is difficult to implement.

Table 3**.** Attitudes about evidence-based practice (EBP) Among Health Care Provider working in Bahir Dar Private City Facility, Ethiopia, 2024 (n = 411).

Questions	Strongly Agree		Agree		Neither agree nor disagree		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
EBP is important to enhance service	1	0.2	245	59.6	162	39.4	2	0.5	1	0.2
EBP relevant	8	1.9	262	63.7	16	3.9	116	28.	9	2.2
EBP needs skills and experiences.	98	24	206	50	51	12	56	13		
EBP requires the active involvement of facility	19	0.4	50	12	11	2.5	256	62	75	18
EBP needs regular training and awareness creation	198	48	213	52						
EBP can enhance organizational culture to	125	30	267	65	9	2	6	1.5	4	1
EBP takes too much time, it is difficult to implement	22	5.4	43	10.5	20	4.9	73	17.8	253	61.6

Outcome of Knowledge and attitude about evidence-based practice among Healthcare professionals (n = 411)

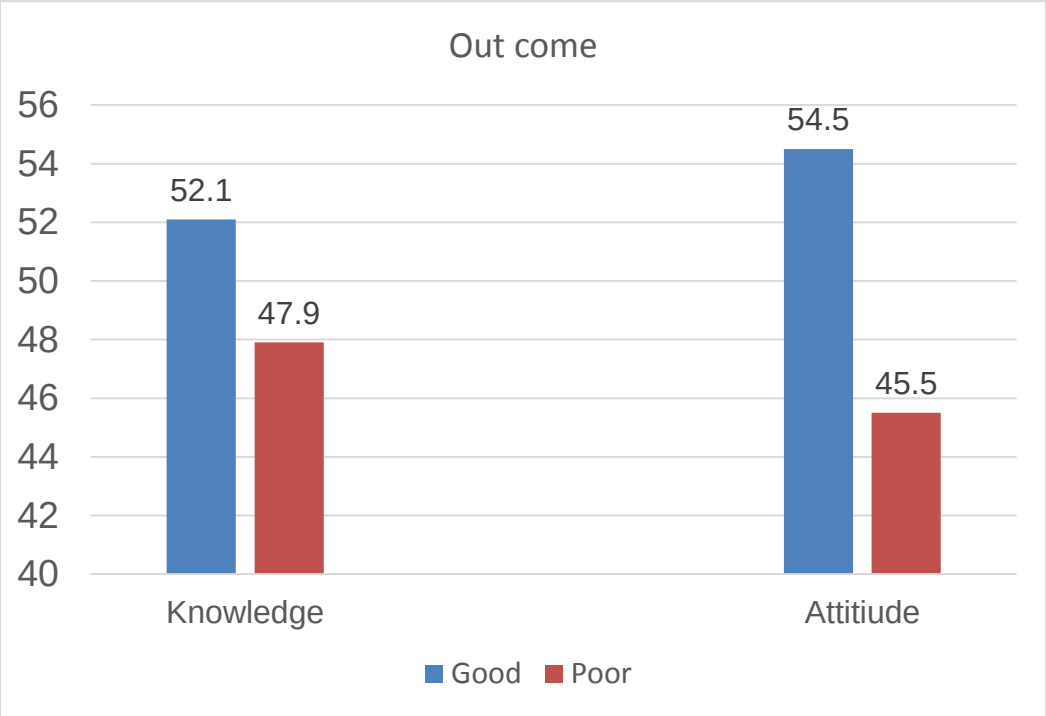


Figure 4. Knowledge and attitude about evidence-based practice among Health Care Provider working in Bahir Dar Private City Facility, Ethiopia, 2024 (n = 411).

6.3 Organizational related factors

From the study 275(66.9) health facility were computer available. The 229 (55.7%) and 103 (25.1%) Health care provider reported that there is no enough time and Case manager who had not leads and support to use EBP at the work area respectively. Furthermore, 75(18.2%) of respondents reported that they have Need of Health Education to know there information as apart of discussion making. Similarly 42.6% and 65.5% of them reported that there is no Standard Guideline and no Internet access in their work area/department respectively. (Table 5).

Table 5. Organizational related factors of Health Care Provider working in Bahir Dar Private Health Facility, Ethiopia, 2024 (n = 411).

Variable	Category	Frequency	Percent %
Available of computers in Your Working room	Yes	275	66.9
	No	136	32.8
Lack of training about evidence-based practice	Yes	287	69.8
	No	128	30.2
Low patient awareness about disease management	Yes	317	77.1
	No	94	22.9
Lack of an organized patient health education	Yes	336	81.8
	No	75	18.2
sufficient information to find new guidelines/protocol	Yes	156	38
	No	255	62
lack of regular orientation about new health priority issues	Yes	256	62.3
	No	155	37.7
Lake enough time to find new guidelines/protocols or online research findings.	Yes	182	44.3
	No	229	55.7
difficult to find recent national treatment guidelines	Yes	256	62.3
	No	155	37.7
culture of the organizational team	Yes	142	34.8
	No	269	65.2
Organizational leadership	Yes	308	74.9
	No	103	25.1
managers initiation	Yes	308	74.9
	No	103	25.1

Interdisciplinary discussion during patient management	Yes	254	61.8
	No	157	38.2
Standard Guidelines are available at the workplace	Yes	236	57.4
	No	175	42.6
The Internet available at Working room	Yes	142	34.5
	No	269	65.5

C. Evidence-based practice/Skill

Most 310(75.4%) respondent's ability to search Current best evidence 134(33.6) reported were unable to Formulating Clinical question. The 208 (50.6%) were access the best Resource to apply EBP and 139(33.8%) had not ability to implement recommendations of research studies into clinical practice. the 300(73%) respondent said that they were find the best resources for implementing EBP In contrast, small number of respondents 53(13%) said that they were not Integrating with expertise Skill, research & Patient preference. Confident to judging the quality of research reports 346(84.2%). (Table 4).

Table 4. Evidence-based practice among Health Care Provider working in Bahir Dar Private Health Facility, Ethiopia, 2024.

Activity	Yes		No	
	Number	%	Number	%
Ability to search Current best evidence	310	75.4	101	24.6
Clinical question Formulating	273	66.4	134	33.6
Access the best Resource to apply EBP	208	50.6	203	49.4
Ability to implement recommendations of research studies into clinical practice	272	66.2	139	33.8
Ability to Find Appropriate Research Report	300	73	27	30
Integrating with expertise Skill, research & Patient preference	358	87.1	53	12.9
Confident to judging the quality of research reports	346	84.2	65	15.8

Level of EBP Utilization among Healthcare professionals (n = 411)

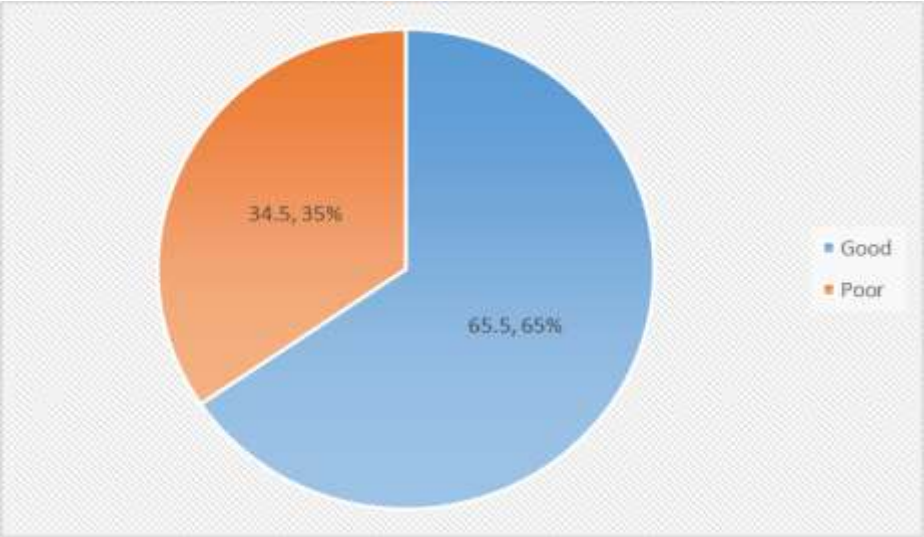


Figure 5, Level of EBP Utilization among Healthcare professionals

6.4 Factors affecting evidence-based practice among health care provider

To identify factors associated with EBP bivariate logistic regression and multivariable binary logistic regression was performed among health care providers. Based on this study, variables such as sex, marital status, level of education, professional status, knowledge about EBP, attitude towards EBP, regular orientation for new priority disease, Insufficient time to find new guidelines/protocols or online research findings, Interdisciplinary discussion, availability of internet accesses, availability of computer in working area, training given and availability of guideline in the work area were found to have a p-value less than 0.25 and further taken for multivariate analysis. There are also four variables that were significant for multivariable binary logistic regression found to be statistically associated with EBP after adjusting for confounders. These were knowledge about EBP, Attitude, and Absence of interdisciplinary discussion during

patient management and Lake of time to find new guidelines/protocols or online research were the factors for evidence-based Practice.

Table 6. A bivariate and multivariate analysis of evidence-based practice among health care provider working in Bahir Dar Private Health Facility, Ethiopia, 2024 (n = 411).

Variable	Category	Evidence-Based		COR (95%CI)	AOR (95%CI)	P-Value
		Good N (%)	Poor N (%)			
Sex	Male	106(25.7)	68(16.5)	1	1	
	female	163(39.6)	74(18)	1.41(0.938-2.130)	1.42(0.844-	0.187
Marital Statues	Single	139(33.8)	55(13.4)	1		
	Married	120(29)	77(18.8)	0.57(0.205-1.560)	0.37(0.113-1.219)	0.149
	Divorced	0(0)	3(0.7)	0.92(0.335-2.510)	0.51(0.160-1.623)	0.233
	Widowe	10(2.4)	7(1.7)	230(0.0000-)	261(0.000-)	0.999
Education Status	Diploma	92(22.4)	43(10.4	1	1	
	BSc	148(36)	61(14.8)	0.23(0.108-0.470)	0.60(0.081-4.469)	0.619
	Master	15(3.6)	9(2.2)	0.2(0.98-0402)	0.47(0.066-3.347)	0.451
	Specialt	14(3.4)	29(7)	0.3(0.102-0.823)	0.39(0.043-3.523)	0.402
Professional	Nurse	173(42)	87(21)	1	1	
	Midwife	54(13)	16(3.9)	026(0.130-0.522)	1.38(0.187-	0.753
	HO	28(6.8)	12(2.9)	0.15(0.065-0.361)	0.98(0.123-7.845)	0.988
	Physicia	14(3.5)	27(6.5)	0.22(0.087-0.566)	0.76(0.102-5.710)	0.793
Knowledge about EBP	Good	160(38.9)	54(13)	1	1	
	Poor	109(26.5)	88(15.5)	0.42(0.275-0.634)	2.4(1.418-4.104)	0.001**
Attitude towards EBP	Good	160(38.9)	64(15.5)	1	1	
	Poor	109(26.5)	78(19)	0.56(0.371-0.843)	2(1.184-3.344)	0.011**
Regular orientation for HP	Yes	224(45.5)	112(27)	1	1	
	No	45(10.9)	30(2)	1.45(0.946-2.233)	1.06(0.623-1.792	.838
Insufficient	Yes	103(25)	79(19)	2.02(1.338-3.053)	1.86(1.123-3.094)	

time	No	166(40)	63(15)	1	1	0.016**
interdisciplinary discussion	Yes	77(18.7)	69(15.8)	2.45(1.594-3.778)	2.14(1.272-3.601)	
	No	178(43.3)	65	1	1	0.004**
Availability of guideline	Yes	162(39)	74(18)	1	1	
	No	107(26)	68(16.5)	0.72(0.477-1.083)	0.7(0.415-1.163)	0.166
availability of internet	Yes	85(20.6)	184(44.	1	1	
	No	57(13.8)	85(20.6)	1.45(0.951-2.215)	1.2(0.712-2.063)	0.48
availability of computer	Yes	171(41.6)	97(23.6)	1	1	
	No	104(25.3)	38(9)	1.56(0.993-2.428)	1.43(0.827-2.482)	0.200
Training given	Yes	214(52)	53(12.9)	1	1	
	No	104(25.3)	36(8.7)	1.45(0.953-2.233)	0.99(0.543-1.810)	0.977

- Where: 1 = Reference
- Note: COR= crude odd ratio
- AOR=Adjusted odd ratio
- *-Significant at COR = p< =0.2
- **-Significant at AOR = p<= 0.05

7. Discussion

This study was trying to address the level of evidence-based practice and associated factors among health care providers working in private health facilities at Bahir Dar in Northwest Ethiopia. This study result showed that 65.5% of healthcare providers had good evidence-based practice as compared to

Study conducted nationally in About 54% in Zambia , 25.3% in Ghana , 30.9% in Nigeria, and 12% of nurses in Kenya had utilized evidence-based practice in health professional's work at public hospitals, respectively (6).

This finding was better compared to the study conducted in locally at government health facilities in southwest and southern Ethiopia, Illu Aba Bora and Buno Bedele Zones, Oromia

Region, Southwest Ethiopia, in 2022, which were 34.8% and 53%, among health professionals and working in various institutional settings in the Oromia Region, and estimate 36.2% as health professional evidence-based practice (4, 5).

This is because private health facility had better availability of computer, internet access and system software utilization than public health facility. And also private health facility was EBP for health service quality to be better patient outcome and patient satisfaction for customer attraction and to increase their income.

Southern Nations Nationalities and Peoples Region, Oromia, and Addis Ababa of Ethiopia, Evidence-based practice among health practitioners 42.94% (3) which is lower than our finding.(3).

This study showed that knowledge had a significant association with evidence-based practice. Health professionals who had good knowledge about EBP were 2.5 time more likely to apply good EBP (AOR=2.413, 95%CI: 1.418-4.104) compared to respondent who had poor knowledge about EBP. This is because if health professionals have good knowledge about EBP, they will easily understand it and practice for their daily tasks (3). This finding was supported by study among health care professionals in Ethiopia: A systematic review and meta-analysis (AOR = 2.38, 95% CI: (2.08–2.72) (5, 6).

Attitude towards EBP was also found to be determining factor for EBP. Health professionals who had good attitude towards EBP were 2 times more likely to apply good EBP. (AOR =1.990, 95% CI: 1.184-3.344) compared with those who had poor attitude. This finding is supported by study finding from the University of Gondar Specialized referral hospital and Bahir Dar university conduct Public Hospitals in Northwest Ethiopia during 2017 that reported attitude as a factor for EBP utilization (2, 6) . It is clear that if Health Professional have good attitude towards EBP, they may have chance of accepting and practicing EBP.

This study also showed that, the availability of free time has an association with evidence-based practice. Professionals who had relatively free working time were 1.8 times (AOR=1.864, 95% CI: 1.123-3.094) more likely to have good EBP than healthcare providers who have no free time. This because EBP has steps to identify gaps, formulate question, search for evidence, evidence synthesis and validation and then application. All these processes need adequate time and time is very critical for EBP. This study was supported by the study conducted in Gondar University among Nurses who were working Amhara Region Referral Hospitals that having good EBP

utilization were 2 times higher among nurses who had good knowledge about EBP (AOR = 2.044: 95% CI: 1.406, 2.972) than those who had poor knowledge(6).

Similarly presence of interdisciplinary discussion among health professional was found to be statistically significant factor for EBP (AOR = 2.141, 95% CI: 1.272-3.601). Accordingly, the respondent who had a practice of discussion among peers was found 2 times more to practice EBP utilization compared to the counterpart respondent. This might be due to information/knowledge sharing among professionals about EBP, its important, and steps to apply during discussion. Such discussion might change the attitude before.

7.1 Limitation of the study

- This study conducted self-reported survey questions rather than observation, which may lead to missed actual practice.
- And also, this study did not include qualitative data for triangulated, which could have given us a richer understanding of respondents' conceptualizations of EBP and their work context.

8. Conclusion

Utilization of EBP was good as compared to studies conducted in different government hospitals in foreign and Ethiopian countries. Having a good knowledge, attitude, interdisciplinary discussion, and sufficient time, were significantly associated with EBP in private health facilities.

9. Recommendation

Therefore, future interventions should focus on increasing their knowledge and attitude through providing training and to address organizational barriers like interdisciplinary discussion that enables them to critically appraise and integrate the latest evidence for clinical decision-making and to improve the quality of care. Based on the finding of this study was mad, the following recommendations:-

1. The FMOH and RHB needs to try to build Health Professional' EBP competencies either by giving short-term EBP training or incorporating EBP as part of the curriculum.
2. To Facility administrator: it is improve Knowledge, attitude and practice of EBP and interdisciplinary discussion among health profession in the work area.

3. To Further researchers: although this study had tried to assess the utilization of EBP, real utilization observed, interviewed, and Qualitative data was needed.
4. To Professionals: interdisciplinary discussion during patient management makes was emerging as a predicting variable to EBP. So, professionals should to give attention to interdisciplinary discussion during clinical decision.

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Annex III. Information Sheet and consent form

Information Sheet

Title of the project: Evidence-Based Practice and Associated Factors among Health Care Providers Working in Private health facility At Bahir Dar Northwest Ethiopia, 2024.

Investigator: Desalew Dinberu

Name of the Sponsor: ----------

Information sheet was prepared by a MPH student in Bahir Dar University School of Public Health.

Introduction

This information sheet is prepared with the aim of providing information about the study to the participants who participate in this project. Before deciding to participate in this study understand this information sheet and ask any question when there is unclear issue about the study now or at any time after enrollment.

Purpose of the Research Project

In spite of the fact Evidence-based practice (EBP) is the combinations of best research data, clinical expertise and patient preferences and value that helps to provide quality of health service, quality of patient care, clinical efficacy and effectiveness when making decision. The purpose of this study was aimed at determining the level of evidence-based practice and identifying independent predictor variables of EBP among health professional.

Procedure:-The study will include Health professional who are working private in B/Dar Special Zone. You are selected to be one of the study participant and we kindly invite you to take part in our project. If you participate, we are so happy and we need you to clearly understand the aim of this study and show your agreement by signing the consent form. All the response given by participants and the result obtained from them are kept anonymous and confidential after code

is given whereby no one has access to your responses. Finally you are kindly requested to answer your genuine response.

Risk and /or Discomfort:-By participating in this research project you might fell some discomfort in giving wasting your time. But this is not too much when you compared the benefit of end result to it.

Benefits: If you participated in this research project, you may not get direct benefit .However, your participation is definitely important to assess effect of Evidence based Practice for decision making.

Incentives/Payments for Participating

Thank you for your participation but you are not been provided any incentives or payment to take part in this project.

Confidentiality:-The information collected from you in this study project will kept confidential and stored in a file, without your name by assigning a code number to it. And hence no report of the study ever identifies you.

Right to Refusal /withdraw

You have the full right to refuse or withdraw from participating in this research at any time.

Person to contact

This research project will be reviewed and approved by Institution Review Board of Bahir Dar University. If you have any question you can contact the following individual and you can ask at any time you want? Desalew Dinberu, phone number +251920251438.

Appendix

Appendix I. Information sheet

Participant information sheet

The purpose of this information sheet is to describe the research that requires participation in group research studies. First of all, thank you in advance for your cooperation and permission to participate in this study. Please read the general information about the study. If you have any questions about this study, feel free to ask.

Organization Name: Bahr Dar University School of Public Health, College of Medicine and Health Sciences, Bahr Bar University, Amara, Ethiopia.

Research Title: Evidence Based Practice and related issues Health professionals working in private hospitals and clinics in Bahir Dar city, Amhara region, Northwestern Ethiopia. 2024

The purpose of the study

The purpose of this research is private hospital and clinics in Bahr Dar city of Amhara North West Ethiopia. To evaluate the use of evidence-based practice by health professionals. Such understanding is critical to developing their skills in evidence-based decision-making practice and to designing and implementing more successful and effective programs to improve decision-making. Clinical knowledge / expert opinion of the study finding; Use of research evidence and client/patient/care perspectives

It will be helpful to identify gaps in usage and increase access to information resources in the study area.

Note: If you have any questions about this study, feel free to contact me at any time during the study.

Mobile no： -+251920251438 **Email：** -desalewdinberu2004@gmail.com

Annexure-II; Statement of informed consent

HI..! My name is _____, I am here on behalf of the border Master's student in Public Health at Bahir Dar University College of Medicine and Health Sciences. In order to partially complete his master's degree in health information, he is conducting research on the topic "Evidence-Based Practice and Related Issues of Health Professionals Working in Private Hospitals and Clinics in Bahir Dar City, Amhara Region, Northwest Ethiopia." Objectives of this study: Expert clinical knowledge/opinion; Use of research evidence; Client/patient/caregiver perspectives are to assess factors influencing use.

I'm going to ask you to fill out some questions. Your participation in this study is entirely voluntary. If you do not want to answer any of the questions included in the survey, you can skip them and move on to the next question. Your answers will be kept confidential. Your name will not be written on this form. There is no special payment due to your participation in this process, except for a big thank you and solving our common problems. However, your participation and honest responses to the questions are professional clinical knowledge / opinion; the use of research evidence and client/patient/caregiver perspectives for decision-making is critical to providing access to optimal health care for you and your loved one.

It will take 10-15 minutes to answer the questions. I would greatly appreciate your help in responding to this survey. Are you willing to participate in the study? (Circle the answer you prefer)

1. Yes..... 2. No.....

Annexure- III Questionnaires

Questionnaires developed to assess health professionals' knowledge, use of research evidence and client/patient/caregiver perspectives and associated factors in private hospitals clinics in Bahr Dar city.and for data collectors use only. If you need more information on the matter, the full address of the subject investigator Mr. Desalew Dinburu, mobile: 0920251438, email: -desalewdinberu2004@gmail.com

Annex III: Interview questionnaires (English version)

Part **I: Demographic and Socio-economic characteristics [circle the answer].**

Table 1: Socio-demographic questions for Health Professional who are working in Bahir Private Health Facility at Dar, Ethiopia, 2024.

No	**Questions**	**Alternatives for response**
101	Age:	_____ years
102	Sex:	1. Male 2. Female
103	Marital status:	1. Single 3. Widowed 2. Married 4.Divorced
104	Educational level:	1. Diploma 3. MSc Nurse 2. BSc Nurse 4. Physician
105	Place Of education Completion	1. Government Universities 2. Private University Colleges
106	Work: experience	_____ years
107	Profession	1. Nurse 3. HO 2. Midwife 4. Physician 5.other ----------
108	Where you are working now:	1. Adina's 3.DrimCare 2.Afilas 4.Gumby 5. Other----------

109	Working unit (ward):	1. Adult OPD 2. Pediatrics OPD 3. Medical ward 4. surgical Ward 5. Gynecology and obstetrics ward 6. Pediatrics Ward 7. Antiretroviral therapy unit 8. Emergency 9 Other(specify
110	Your monthly salary:	_____ Ethiopian Birr

Part II: Questions for assessing Knowledge of Health Care Provider towards EBP

Table 2, the next questions are about Knowledge of professional toward evidence-based practice (EBP). Please circle one number for each question that describes your attitude

s.no	Question	Response	skip
201	Have you heard of the term evidence-based practice or related terms?	1. Yes 2. No	**If no skip to**
202	If your response Q201 is 'Yes', what is your source of information?	1. During my college or university education 2. From my colleague 3. I took training about evidence based practice 4. Other (specify)	
203	Can you identify a site where clinical related journals, articles and guide lines published?	1. Yes 2. No	**If no skip to Q 205**
204	If yes for q 203 From where you found clinical information when you need to update yourself?	1. PubMed 2. text books 3. Medscape 4. CINAHL 5. HINARY 6. Up-to-date	

205	Do you face difficultly understanding research reports?	1. Yes 2.No	**If no skip to**
206	If yes for Q205 what is the reason?	1. Difficulty understanding statistical data 2. Difficulty understanding epidemiological terms 3. Language problem 4. Other specify_____	
207	Do you know the steps for evidence based practice?	1. formulating answerable clinical questions; 2. searching for evidence 3. making a critical appraisal; 4. assessing the applicability of the evidence; 5. And evaluating performance.	**If no skip to Q 209**
208	If yes, how many steps are there for evidence based practice?	1. 3 3. 5 2. 4 4.Other	
209	Do you know the implications of EBP for your clinical practice?	1. Yes 2. No	**If no skip to Q 211**
210	If yes for Q 209 what is the importance? (more than one answer is possible)	1.It can improve patient outcomes 2. It increases quality of care 3. I can learn about recent, and best types of patient care 4. EBP considers patient preferences. 5. helps me to make decisions in clinical practice	
211	Do you exercise patient choice during treatment?	1. Yes 2.No	
212	Do you know how to implement evidence-based	1.Yes 2.No	

	practice sufficiently to make practice changes?		
213	Do you know the three foundations for EBP? (current best research, professional skill and patient preference)	1. Yes 2. No	
214	Do you have computer Skill?	2. Yes 2. No	
215	Difficulty understanding English makes it difficult to use the literature?	1. Yes 2. No	

Part III: Questions related to professionals' attitudes towards evidence based practice

Table 3, Instruction: Below are questions intended to assess your attitude towards evidence based practice. **Put (√) sign** corresponding to each question.

S.No.	Questions	**Strongly Agree**	**Agree**		**Neither agree nor disagree**	**Disagree**	**Strongly Disagree**
301	EBP is important to enhance service quality						
302	EBP is not relevant						
303	EBP needs internet and access to more information sources.						
304	EBP needs skills and experiences.						
305	EBP requires the active involvement of facility managers						
306	EBP needs regular training and awareness creation						
307	EBP can enhance organizational culture in managing patients.						
308	EBP takes too much time so it is difficult to implement						

Part IV: Questions related to professional's evidence utilization skills

Table 4 Instruction: Below are questions intended to assess your skills about evidence based practice. Please answer 'yes', if you have such skills or, no if you do not for each question.

S.N o	Questions	yes	No
401	Can you search for the best evidence to answer clinical questions in a time efficient way?		
402	Can you formulate a clear question based on a specific patient problem?		
403	Can you access the best resources in order to implement evidence-based practice?		
404	Do you have ability to implement recommendations of research studies into clinical practice?		
405	Do you have ability to find appropriate research reports?		
406	I feel confident in judging the quality of research reports?		
407	Dose evidence based practice integrate research with knowledge and patient preference?		

Part V: Factors associated with implementation of EBP

Table 5. The following questions that assess organizational related factors that affect evidence based practice implementation. Please put (√) 'Yes', if you agree with the statement or, 'No' if you do not agree.

S. No.	Questions	Yes	No
501	Is there Available of computers in Your Working room to implement EBP?		
502	Lack of training about evidence based practice makes it difficult to implement?		
503	Patient illiteracy makes it difficult to discuss information regarding		
504	Low patient awareness about their disease management makes it difficult to implement EBP?		
505	Lack of an organized patient health education department makes it difficult to incorporate patient preferences into practice?		
506	There is sufficient information to find new guidelines/protocols?		
507	There is a lack of regular orientation about new health priority issues?		
508	There is sufficient time to find new guidelines/protocols or online research findings?		
509	It is difficult to find recent national treatment guidelines and protocols?		
510	The culture of my team is not receptive to changing practice?		
511	I lack the authority in the workplace to change practice?		
512	Hospital Managers are supportive of me to use evidence based practice?		
513	Team managers initiate the use of evidence-based practice?		
514	The importance of evidence for practice is not made clear?		
515	Is there any interdisciplinary discussion during patient management?		

516	If yes, An absence of interdisciplinary discussion during patient management makes it difficult to apply evidence to practice. ?		
517	Are Standard National guidelines available at Working Area?		
518	Internet are available at Working room (Wi-Fi or Broad band)?		

You have finished… Thank you for your time !!!

- Name investigator Desalew Dinberu (BSC) ---mob. +251920251438
- ✓ Name of Advisor

1. Asmamaw Ketemaw (Assistant professor of Health Informatics, PhD student)
2. Mulusew Andualem (PhD, Associate professor), SPH, CM

አባሪ ፤. የመረጃ ወረቀት

የተሳታፊው መረጃ ወረቀት

የዚህ የመረጃ ወረቀት ዓላማ የቡድን ምርምር ምርመራዎች እንዲሳተፉ ስለሚጠይቁት ምርምር ይገለጻል. በመጀመሪያ በዚህ ጥናት ውስጥ ለመሳተፍ ለምታደርጉት ትብብር እና ፍቃድ በቅድሚያ እናመሰግናለን ፡፡ እባክዎ ስለ ጥናቱ አጠቃላይ መረጃ ያንብቡ፡፡ በዚህ ጥናት ላይ ምንም አይነት ጥያቄ ካሎት በነፃነት ይጠይቁ፡፡

የድርጅት ስም፡- **የባህር ዳር ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት ፣የህክምና እና ጤና ሳይንስ ኮሌጅ ፣ባህር ባር ዩኒቨርሲቲ ፣አማራ ፣ኢትዮጵያ፡፡**

የጥናት ርዕስ፡- **ኢቪደንስ ቤዝድ ፕራክቲስ (በማስረጃ ላይ የተመሰረተ የዉሳኔ አሰጣጥ ልምድ) እና ተያያዥ ጉዳዮች በባህር ዳር ከተማ የግል ሆስፒታል እና ክሊኒኮች የሚሰሩ የጤና ባለሙያዎች በአማራ ክልል ሰሜን ምዕራብ ኢትዮጵያ.2024 ዓ.ም**

የጥናቱ ዓላማ

የዚህ ጥናት አላማ የግል ሆስፒታል እና ክሊኒኮች ባህር ዳር ከተማ የአማራ ሰሜን ምዕራብ ኢትዮጵያ፡፡ የጤና ባለሙያዎች ኢቪደንስ ቤዝድ ፕራክቲስ (በማስረጃ ላይ የተመሰረተ ዉሳኔ አሰጣጥ ልምድ) አጠቃቀምን ለመገምገም ነው፡፡ በማስረጃ ላይ የተመሰረተ የዉሳኔ አሰጣጥ ልምምድ ላይ ያላቸውን ችሎታ ለማሳደግ እና የውሳኔ አሰጣጥን ለማሻሻል የበለጠ ስኬታማ እና ውጤታማ መርሃ ግብር ለመንደፍ እና ለመተግበር እንዲህ ዓይነቱ ግንዛቤ በጣም

አስፈላጊ ነው። የጥናቱ ግኝት ክሊኒካዊ እውቀት / የባለሙያ አስተያየት፤ የምርምር ማስረጃ አጠቃቀም እና የደንበኛ/ታካሚ/ተንከባካቢ እይታዎች
አጠቃቀም ላይ ያለውን ክፍተት ለማወቅ እና በጥናቱ አካባቢ መረጃ ግብዓትን ተደራሽነት ለማሳደግ ለሚደረገው አጋዥ ይሆናል።

ማሳሰቢያ፡- ስለዚህ ጥናት ማንኛውም አይነት ጥያቄ ካሎት አሁኑኑ ወይም በጥናቱ ወቅት በማንኛውም ጊዜ ደሳለው ድንበሩ በነፃነት ማነጋገር ሆነ መጠየቅ ይቻላል።

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አባሪ-II ፤ የስምምነት ቅጽ

በመረጃ የተደገፈ የስምምነት መግለጫ

ስሜ _____ እባላለሁ በባህር ዳር ዩኒቨርሲቲ የህብረተሰብ ጤና ማስተርስ ተማሪ **ደሳልው ድንበሩ** ወክዬ መጥቻለሁ። በባህር ዳር ዩኒቨርሲቲ የህክምና እና የጤና ሳይንስ ኮሌጅ በህብረተሰብ ጤና የማስተርስ ተማሪ ነው ። በጤና መረጃ የማስተርስ ዲግሪውን በከፊል ለመሟላት "ኢቪደንስ ቤዝድ ፕራክቲስ እና ተያያዥ ጉዳዮች በባህር ዳር ከተማ የግል ሆስፒታል እና ክሊኒኮች የሚሰሩ የጤና ባለሙያዎች በአማራ ክልል ሰሜን ምዕራብ ኢትዮጵያ" በሚል ርዕስ ጥናት በማድረግ ላይ ይገኛል። የዚህ ጥናት አላማ የባለሙያ ክሊኒካዊ እውቀት / አስተያየት፤ የምርምር ማስረጃ አጠቃቀም፤ የደንበኛ/ታካሚ/ተንከባካቢ እይታዎች አጠቃቀም ላይ ተፅእኖ ያላቸውን ነገሮች መገምገም ነው።

አንዳንድ ጥያቄዎችን እንድትሞሉ ልጠይቅወት ነው። በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በዳሰሳ ጥናቱ ውስጥ የተካተቱትን ማንኛውንም ጥያቄዎች መመለስ ካልፈለጉ፣ እነሱን መዝለል እና ወደሚቀጥለው ጥያቄ መሄድ ይችላሉ። መልሶችዎ በሚስጥር ይቀመጣሉ። ስምዎ በዚህ ቅጽ ላይ አይጻፍም። በዚህ ሂደት ውስጥ በመሳተፍዎ ምክንያት ምንም አይነት ልዩ ክፍያ የለም, ታላቅ ምስጋና እና የጋራ ችግሮቻችንን ከመፍታት በስተቀር። ነገር ግን፣ የእርስዎ ተሳትፎ እና ለጥያቄዎቹ ታማኝ ምላሽ መስጠት የባለሙያ ክሊኒካዊ እውቀት / አስተያየት፤ የምርምር ማስረጃ አጠቃቀም እና የደንበኛ/ታካሚ/ተንከባካቢ እይታዎች

አጠቃቀም ለእርስዎ እና ለበጎደኛዎ ተደራሽ ለማድረግ ወሳኝ ነው። ለጥያቄዎች መልስ ለመስጠት ከ10-15 ደቂቃ ይወስዳል። ለዚህ የዳሰሳ ጥናት ምላሽ ለመስጠት ለረዱት እርዳታ በጣም አደንቃለሁ። በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነዎት? (የሚመርጡትን መልስ ይክበቡ)

1. አዎ ..... 2. አይ.....

አባሪ- III መጠይቆች

በባህር ዳር ከተማ የግል ሆስፒታሎች እና ክሊኒኮች የጤና ባለሙያዎችን እውቀት፣ የምርምር ማስረጃ አጠቃቀም እና የደንበኛ/ታካሚ/ተንከባካቢ እይታዎችን አጠቃቀምን እና ተያያዥ ምክንያቶችን ለመገምገም የተዘጋጁ መጠይቆች።

ለመረጃ ሰብሳቢዎች ብቻ ይጠቀሙ።

በጉዳዩ ላይ ተጨማሪ ማብራሪያ ከፈለጉ የርእሰ ጉዳይ መርማሪ አቶ ደሳለው ድንበሩ ሙሉ

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አባሪ I ፡ የቃለ መጠይቅ መጠይቆች (አማረኛ ቅጂ)

ክፍል 1፡ የስነ ህዝብ እና ማህበራዊ-ኢኮኖሚያዊ ባህሪያት [መልሱን ክብ ያድርጉ]

ሠንጠረዥ 1፡ በባህ ዳር የግል ጤና ተቋም ውስጥ ለሚሰሩ የጤና ባለሙያ የሶሺዮ-ዲሞግራፊ ጥያቄዎች ባህር ዳር ኢትዮጵያ 2024 ።

ተ.ቁ	ጥያቄ	የመልስ አማራጭ
101	እድሜ	_____ አመት
102	ፆታ	1. ወንድ 2. ሴት
103	የጋብቻ ሁኔታ	A. የላገባ/ች 3. ባል/ሚስት የሞተበት B. ያገባ/ች 4. የፈታ

104	የትምህርት ደረጃ	1. ዲፕሎማ 2. የመጀመሪያ ዲግሪ 3. ሁለተኛ ዲግሪ
105	ትመህርተዎን የጨረሱት የት ነው	A. የመንግስት ዩኒቨርሲቲ/ኮሌጅ B. የግል የኒቨርሲቲ /ኮሌጅ
106	የስራ ልምድ	_____ ዓመት
107	ፕሮፌሽናል	1. Nurse 2. Midwife 3. Health Officer 4. Physician 5. ሌላ----------
108	የሚሰሩበት የሆስፒታል ስም	A. Adina's B. Dream Care C. Afilas D. .Gamby E. Other----------
109	የሚሰሩበት የስራ ክፍል	1. የአዋቂወች ተመላላሽ ክፍል 5. የማህጸንና ጽንስ ተንቶ ህክምና ክፍል 2. የህጻናት ተመላላሽ ክፍል 6. የህጻናት ተንቶ ህክምና ክፍል 3. የውስጥ ደዌ ተኝቶ ህክምና ክፍ 7.ኤች.አይ.ቪ ህክምና ክትትልክፍል 4. የቀዶ ጥገና ተኝቶ ህክምና ክፍል 8. ድንገተኛ ክፍል
110	የርስዎ ወርሃዊ ደምወዝ ምን ያክል ነው	_____ የኢትዮጲያን ብር

ክፍል II፡ የጤና ባለሙያወች ስለ በመረጃ ላይ የተመሰረተ አሰራር(ኢቭደንስ ቤዝድ ፕራክቲስ ያለቸውን አመለካከት ለመገምገም የሚመለከቱ ጥያቄዎች የሚቀጥሉት ጥያቄዎች ስለ ሙያዊ እውቀት አመለካከት በማስረጃ ላይ የተመሰረተ አሰራር (EBP) የሚዳስሱ ጥያቄዎች ናቸው። እባክዎ ከእያንዳንዱ ጥያቄ መልሱን ክብ ያድርጉ።

ተ.ቁ	ጥያቄ	የመልስ አማራጭ	ዝለል

201	በማስረጃ ላይ የተመሰረተ አሰራር (Evidence Based practice)	3. አዎ 4. አላውቅም	
202	ጥ.ቁ 201 ምላሽ 'አዎ' ከሆነ፣ የመረጃ ምንጭዎ ምንድን ነው?	1.በኮሌጅወይም በዩኒቨርሲቲ ትምህርቱ ወቅት 2. ከባልደረባዬ 3.በማስረጃ ላይ የተመሰረተ አሰራር ስልጠና ወሰድኩ። 4. ሌላ (ይግለጹ).....	ካልሆነ ወደ ጥ. 203 ዝለል
203	ክሊኒካዊ ተዛማጅ መጽሔቶች፣ መጣጥፎች እና የመመሪያ መጽሃፎች የታተመበትን ቦታ መለየት ይችላሉ?	1. አወ 2. አላቅም	ካልሆነ ወደ ጥ. 203 ዝለል
204	ለጥያቄ ቁ.. 203 አዎ ከሆነ እራስዎን ለማዘመን ሲፈልጉ ክሊኒካዊ መረጃ የሚያገኙት ከየት ነው?	1.PupMad 2.ከታተመ ጥናት 3.የመማሪያ መጻሕፍት 4.CINAHL (ለጤና መረጃ መፈለጊያድህረገጽ) 5.HINARY 6.ከወቅታዊ መረጃዎች 7.ሌላ -----	
205	የጥናት ሪፖርቶችን ለመረዳት አስቸጋሪ ይሆንብሃል?	2. አዎ 2. አይሆንም	ካልሆነ ወደ ጥ.
206	ለጥ.ቁ. 205 አዎ ከሆነ ምክንያቱ ምንድን ነው?	1. የስታቲስቲክስ መረጃን የመረዳት ችግር 2. ኤፒዲሚዮሎጂያዊ ቃላትን የመረዳት ችግር 3. የቋንቋ ችግር 4. ሌላ ይግለጹ__----------	
207	በማስረጃ ላይ የተመሰረተ አሰራር ደረጃዎችን ያውቃሉ?	1.አዎ 2. የለም	ካልሆነ ወደ ጥ.
208	አዎ ከሆነ፣ በማስረጃ ላይ የተመሰረተ አሰራር ስንት ደረጃዎች አሉ?	1.3 3. 5 2. 2 4. 4	
209	ለክሊኒካዊ ልምምድዎ EBP አንድምታ የውቃሉ?	1.አዎ 2. የለም	ካልሆነ
210	ለጥ.ቁ. 209 አዎ ከሆነ አስፈላጊነቱ ምንድን ነው? (ከአንድ በላይ መልስ ይቻላል)	1.የታካሚ ውጤቶችን ማሻሻል ይችላል 2. የእንክብካቤ ጥራትን ይጨምራል 3. ስለ የቅርብ ጊዜ እና ምርጥ የታካሚ እንክብካቤ ዓይነቶች መማር ይችላል 4. የታካሚወችን አስተያይት የገናዘበ ውሳኔ ለመስጠት ያገለግላል	

		5.ሳይንሳዊ ውሳኔወችን ለመወሰን ይረዳል	
211	በህክምና ወቅት የታካሚወችን ምርጫ ይጠቀማሉ?	1. አዎ 2. የለም	
212	EBP በበቂ ሁኔታ እንዴት መተግበር እንደሚችሉ ያውቃሉ?	1.አዎ 2. የለም	
213	EBP ሶስቱን መሰረቶች ያቃሉ ?	1.አዎ 2.የለም	
114	መሰረታዊ የኮመፒተር ችሎታ አለወት	1.አዎ 2.. የለም	
215	እንግሊዝኛን የመረዳት ችግር ጽሑፎቹን እና ጥናቶችን ለመጠቀም አስቸጋሪ ያደርገዋል ?	1. አዎ 2. 2. የ ለ ም	

ክፍል III፡- በማስረጃ ላይ የተመሰረተ አሰራር(ኢቭደንስ ቤዝደ ፕራክቲስ)የከሙያተኞች አመለካከት ጋር የተያያዙ ጥያቄዎመመሪያ፡ ከዚህ በታች በማስረጃ ላይ የተመሰረተ አሰራር ያለዎትን አመለካከት ለመገምገም የታሰቡ ጥያቄዎች አሉ። እባክዎ የእርስዎን አመለካከት በተሻለ ሁኔታ የሚገልጽ ያሉትን ቲክ (√) ያድርጉ ።

ተ.ቁ	ጥያቄ	በጣም እስማማለሁ	እስማማለሁ	መልስ መስጠት አልፈልግ	አልስማማም	በጣም አልስማማ
301	በማስረጃ ላይ የተመሰረተ አሰራርን መተግበር ለታካሚዎቼ የማቀርበውን እንክብካቤ ያሻሽላል ?					
302	በማስረጃ ላይ የተመሰረተ አሰራር ለሙያዬ አግባብነት የለውም ?					
303	ማስረጃን በደንብ መገምገም በማስረጃ ላይ የተመሰረተ የተግባር ሂደት ውስጥ ጠቃሚ እርምጃ ነው ?					
304	በማስረጃ ላይ የተመሰረተ አሰራርን በሚመለከት ስልጠና መሰጠት አለበት ?					
305	በቅርብ ጊዜ የታተሙ ጥናቶች እና ብሔራዊ መመሪያዎች(national Guidline) ክሊኒካዊ ውሳኔወችን ሊያሻሽሉ ይችላሉ.?					
306	በማስረጃ ላይ የተመሰረተ አሰራር ብዙ ጊዜ ስለሚወስድ ለመተግበር አስቸጋሪ ነው ?					

ክፍል IV፡ ከባለሙያ ማስረጃ አጠቃቀም ችሎታ ጋር የተያያዙ ጥያቄዎች መመሪያ፡- በማስረጃ ላይ የተመሰረተ አሰራር ችሎታህን ለመገምገም የታቀዱ ጥያቄዎች ከዚህ በታች ቀርበዋል። እባኮትን እንደዚህ አይነት ችሎታዎች ካሉዎት 'አዎ' ብለው ይመልሱ፣ ወይም፣እንደዚህ አይነት ችሎታዎች ከለለዎት ለእያንዳንዱ ጥያቄ አይደለም ይበሉ ።

ተ.	ጥያቄ	አዎ	የልም
401	ክሊኒካዊ ጥያቄዎችን በአጭር ጊዜ እና በብቃት ለመመለስ በቂ እና ጥሩ ማስረጃ መፈለግ ይችላሉ ?		
402	በአንድ የተወሰነ የታካሚ ችግር ላይ በመመስረት ግልጽ የሆነ ጥያቄ ማዘጋጀት ይችላሉ ?		
403	በማስረጃ ላይ የተመሰረተ አሰራርን ለመተግበር በቂ እና ምርጥ ግብዓቶች ማግኘት ይችላሉ ?		
404	የምርምር ጥናቶች ምክሮችን ወደ ክሊኒካዊ ልምምድ የመተግበር ችሎታ አለዎት ?		
405	ተገቢ የምርምር ሪፖርቶችን የማግኘት ችሎታ አለዎት ?		
406	የምርምር ሪፖርቶችን ጥራት ለመገምገም በራስ መተማመን ይሰማኛል.?		
407	በማስረጃ ላይ የተመሰረተ ልምምድ ምርምርን ከእውቀት እና ከታካሚ ምርጫ ጋር ያዋህዳል ?		

ክፍል V፡ ከ EBP ትግበራ ጋር የተያያዙ ተቋማዊ ጉዳዮች

ለሚከተሉት ጥያቄዎች በማስረጃ ላይ የተመሰረተ የተግባር አተገባበር ላይ ተፅእኖ ያላቸውን ሁኔታዎች የሚገመግሙ ጥያቄዎች አሉ። እባክዎን ከተስማሙ 'አዎ' ወይም ካልተስማሙ የለም ይመልሱ

ተ.ቁ	ጥያቄ	አዎ	የለም
501	EBP ለመተግበር በቂ የኮምፒውተርና ግብዓት አለ?		
502	በማስረጃ ላይ የተመሰረተ አሰራርን በተመለከተ ስልጠና አለመስጠት ተግባራዊ ለማድረግ አስቸጋሪ ያደርገዋል.?		
503	የታካሚ የት/ት ዝግጅት ማነስ ስለህክምና ውሳኔ መረጃ መወያየት አስቸጋሪ ያደርገዋል ?		
504	ታካሚወች ስለበሽታቸው አያያዝ ያላቸው ዝቅተኛ ግንዛቤ በመረጃ ላይ የተመሰረት ተግባር(EBP)ን ተግባራዊ ለማድረግ አስቸጋሪ ያደርገዋል ?		
505	የተደራጀ የታካሚ የጤና ትምህርት ክፍል አለመኖር የታካሚ ምርጫዎችን በተግባር ለማካተት አስቸጋሪ ያደርገዋል ?		
506	አዳዲስ መመሪያዎችን/ፕሮቶኮሎችን ለማግኘት በቂ መረጃ አለ ?		
607	ስለ አዳዲስ የጤና ችግር ቅድሚያ አሰጣጥ መደበኛ ግንዛቤ አሰጣጥ እጥረት አለ ?		
508	አዳዲስ መመሪያዎችን/ፕሮቶኮሎችን ወይም የኦንላይን ላይ የምርምር ግኝቶችን ለማግኘት በቂ ጊዜ አለ ?		
509	የቅርብ ጊዜ ብሔራዊ የሕክምና መመሪያዎችን እና ፕሮቶኮሎችን ማግኘት አስቸጋሪ ነው ?		
510	የስራ ሂደቱ ባህል ለውጥን የሚቀበል አይደለም ?		
511	በሥራ ቦታ አሰራሩን ለመቀየር ስልጣን አለዎት ?		
512	በማስረጃ ላይ የተመሰረተ ልምምድ ንድጠቀም የተመ. አስተዳዳሪዎች ይደግፉኛል።		
513	የኬዝ ቲም አስተባባሪዎች በማስረጃ ላይ የተመሰረተ አሰራርን መጠቀም ያበረታታሉ ?		
514	የማስረጃ አስፈላጊነት ለስራ ያለው ጥቅም ግልፅ ነው ?		
515	በታካሚ አስተዳደር ወቅት የኢንተርዲሲፕሊን ውይይት አለ ?		
516	ጥ.ቁ517 አዎ ከሆነ መኖሩ ማስረጃዎችን በተግባር ላይ ለማዋል አስቸጋሪ ያደርገዋል?		
517	በስራ ክፍላችሁ ናሽናል ጋይድላይን ይገኛል ?		
518	በስራ ክፍለዎ የእንተርኔት አገልግሎት አለ ?		

ጨርሰዋል.... አመሰግናለሁ !!!

- **የጥናቱ ዋና ተመራማሪ ስም ደሳለው ድንበሩ (ቢ.ኤስ.ሲ)**

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