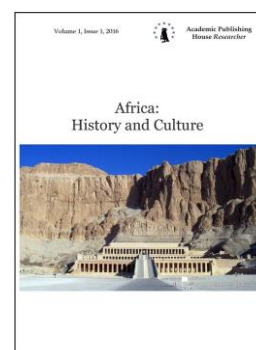


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Short Communication

Why Evidence is Not Always Used in Nursing Practice and Education in Africa: The Place of Organisational Culture

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Abstract

Globally, Evidence-Based Practice is most preferable for care of patients and training of nurses. Nonetheless, organisational culture in most developing African countries may serve as an impediment to its success. This paper seeks to explore some organisational cultural factors that can impact on the use of evidence in Africa among nurses. As Africa seeks to raise the quality of nursing practice and education, much has to be invested into the organisational culture frame of the healthcare environment.

Keywords: Africa, education, evidence-based practice, implementation, nursing, organisational culture, practice.

1. Main

Knowledge acquisition is a vital concept in professional nursing education and practice. As studies get refined in a pyramid, the quality of evidence-based knowledge increases (Figure 1). Evidence-Based Practice (EBP) is currently one of the foundation principles in nursing education and practice (Koehn et al., 2008). EBP is “*the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient*” (Sackett et al., 1996). EBP allows nurses to utilise individual’s unique characteristics and research findings (Van Achterberg et al., 2008).

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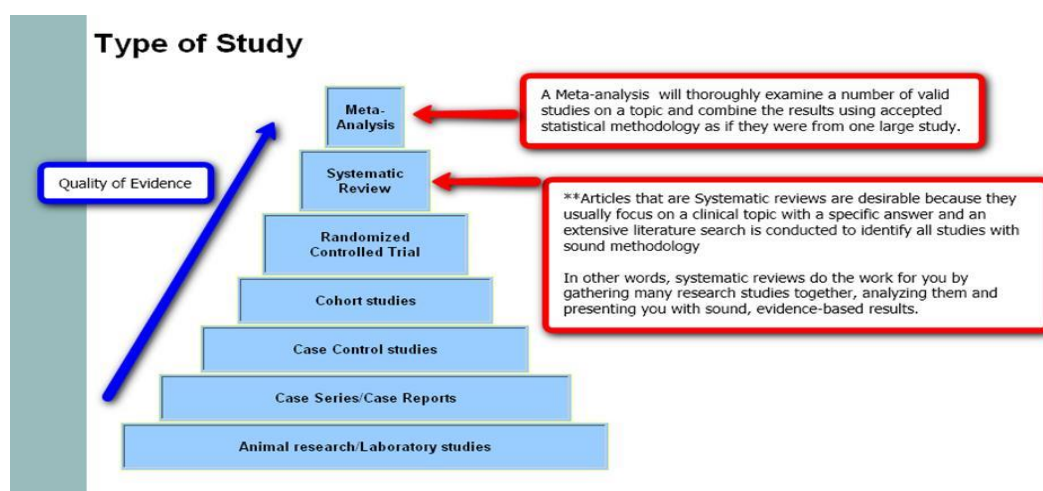


Fig. 1. Evidenced Based Practice Pyramid (CSUN Library, n.d.)

To observe EBP in principle is very beneficial to nursing practice and education. It helps decrease cost of treatment because ‘*trial and errors*’ as well as ‘mere assumptions’ are often avoided through the implementation of EBP. The exact medications and procedures are given to the individual using the right standards (Colorado Mesa University, 2017). Subsequently, there is reduction in the length of patient’s stay at the hospital because there is early and right implementation of interventions with less risk for complications. Additionally, health care providers gain job satisfaction when their clients/patients get the best of care outcomes (Bradywood et al., 2017; Ouslander et al., 2016; Veeramah, 2016). With EBP, there is a decrease in the geographical variation of care. This means the care given for a particular condition will be the same globally if all clinicians adopt interventions based on evidence. For example, managing the cord of the newborn in developed countries will be the same as in the developing countries because it is evidenced based.

Notwithstanding the benefits of EBP, nurses share various perceptions about it. A study among nurses in the United States, for example, showed time and knowledge as barriers when it comes to EBP implementation (Koehn et al., 2008). According to Melnyk (2016), organisational culture is a serious factor when examining the effectiveness and efficacy of EBP though many factors like organisational politics, knowledge and skills of nurses and inadequate investment in EPB. As Africa is predominantly occupied by developing countries, the culture of healthcare organisations ought to be reviewed for successful EBP implementation. One cultural barrier to be met in implementing EBP is poorly supporting work environment for EBP. In a qualitative study by Sarfo et al. (2013), ehealth implementation among Ghanaian nurses was challenged because junior staff nurses were not offered access to computers in some wards.

Another challenge within most healthcare work culture is poor job satisfaction leading to high turnover. In a study among 90 healthcare workers in Sierra Leone, “67 % were dissatisfied with their jobs (71 % rural vs 52 % urban) and 61 % intended to leave their post (75 % rural vs 38 % urban)” (Narayan et al., 2018). This finding is not different from studies most African countries like in Ghana, Kenya, Nigeria, Tanzania, Malawi, and South Africa (Blaauw et al., 2013; Boafo, 2016). With this in mind, implementing EBP may not be successful in such a culture.

Additionally, EBP as part of the culture should be seen as part of personnel morale and overall commitment. As factors like workload, turnover, job satisfaction and management support deteriorate, nurses are more likely to have a decreased level of morale and overall commitment to implement EBP. An example is seen in a study among 256 health workers in Ghana. Results indicated that personnel motivation at work was affected by increased workload, burnout and intentions to quit job (Bonenberg et al., 2014). Correspondingly, 60 % of 453 South African nurses in a study by Ehlers et al. (2003) were willing to emigrate based on similar factors.

In conclusion, EBP is very important to ensure quality nursing care and training globally. To ensure that evidence is always used successfully in nursing practice and education in Africa, the healthcare organizational culture must be examined carefully. There is a need for political support

and joint collaboration of stakeholders to promote the quality of culture in healthcare organisations. Furthermore, nurses need to develop their intrinsic motive for EBP. This will enhance their aptitude to adopt and adapt evidence.

2. Conflicts of interest

The author declares no conflicts of interest.

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