












Research Article

Factors Affecting Health Research Utilization Among Health Professionals in Nigeria

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Abstract

The utilization of health research in clinical practice is hindered by individual, organizational, and systemic barriers, including insufficient research literacy and unsupportive organizational cultures. Enhancing research literacy, fostering supportive environments, and implementing evidence-based policies are crucial for bridging the gap between research and practice, ultimately improving patient outcomes. This study investigates the factors affecting health research utilization among health professionals in Nigeria, an essential aspect for advancing healthcare systems and patient outcomes. Utilizing a cross-sectional descriptive design, data were collected via an online survey distributed to public health professionals and policymakers. The survey explored demographics, research utilization, dissemination effectiveness, barriers, and recommendations for improvement. Key findings indicate significant demographic disparities, with a higher proportion of younger and non-public health degree holders reporting unused research findings. The study identified major barriers, including inadequate communication, poor dissemination practices, and lack of access to research findings. Despite 87.6% of respondents conducting potentially impactful research, only 13.6% reported actual utilization of their findings. The recommendations for improvement emphasized the role of knowledge brokers, fostering research-attuned and decision-relevant cultures, enhancing communication and interaction between researchers and users, and building capacity among all stakeholders. Additionally, establishing effective dissemination systems, securing funding, and promoting international collaboration were highlighted as critical strategies. The study underscores the necessity of addressing structural, cultural, and communicative barriers to improve the practical application of health research in Nigeria, aligning with global trends and literature advocating for a multifaceted approach to enhance health outcomes.

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Keywords

Health Research Utilization, Knowledge Brokers, Dissemination Practices, Barriers to Implementation, Capacity Building, Health Policy Integration

1. Introduction

Health research utilization is a critical element in the advancement of healthcare systems and the enhancement of patient outcomes. Despite the exponential growth in health-related research, the application of research findings in clinical practice remains inconsistent and often suboptimal. This disconnect between research and practice is a multifaceted issue influenced by various factors including individual, organizational, and systemic barriers. Understanding these factors is essential for bridging the gap between evidence generation and its practical application in healthcare settings.

Health professionals' knowledge, attitudes, and skills significantly impact their ability to utilize research. A foundational barrier is the lack of research literacy among healthcare providers. Studies indicate that insufficient training in research methods and critical appraisal skills leads to a lower likelihood of research utilization [1]. Additionally, attitudes towards research can influence its uptake; health professionals who perceive research as irrelevant to their practice or too complex are less likely to incorporate it into their clinical decision-making [2].

Moreover, the perceived relevance and applicability of research findings play a crucial role. Health professionals are more likely to use research that they find directly applicable to their patient population and clinical practice [3]. Furthermore, the confidence to implement research findings, often termed self-efficacy, is another significant factor. Professionals with higher self-efficacy are more inclined to engage with and apply research in their practice [4].

The environment within healthcare organizations profoundly affects research utilization. Organizational culture, defined by values, beliefs, and norms regarding research, can either facilitate or hinder the use of research. For instance, institutions that prioritize continuous learning and innovation are more likely to see higher levels of research utilization among their staff [5]. Conversely, a culture resistant to change or lacking support for research activities can significantly impede the integration of research into practice [6].

Leadership within healthcare organizations also plays a pivotal role. Leaders who actively promote and support research activities, provide necessary resources, and foster an environment of inquiry contribute to higher research utilization [7]. Additionally, the availability of infrastructure such as access to research databases, funding for research projects, and time allocated for research activities can enhance the ability of health professionals to engage with and apply re-

search findings [8].

At a broader level, health policies and regulatory frameworks significantly impact the utilization of research in healthcare practice. Policies that mandate evidence-based practice and provide guidelines on research implementation can drive the uptake of research [9]. For instance, the incorporation of evidence-based guidelines into national health policies can standardize care practices and ensure that research findings are systematically integrated into clinical protocols [10].

Furthermore, interprofessional collaboration and communication are essential systemic factors. Effective teamwork and communication among health professionals can facilitate the sharing and application of research findings [11]. Systems that encourage interdisciplinary research and practice can break down silos and promote a more integrated approach to patient care, thereby enhancing research utilization [12].

Barriers to research utilization are multifaceted, ranging from individual to systemic levels. Common barriers include a lack of time, perceived complexity of research findings, and limited access to relevant research [13]. On the other hand, facilitators that promote research utilization include continuous professional development opportunities, access to research resources, and supportive leadership [14].

The role of continuous education and training cannot be overstated. Ongoing professional development programs (PDP) that focus on enhancing research literacy and critical appraisal skills are crucial in fostering a culture of evidence-based practice [15]. Additionally, mentorship and support from experienced researchers can help mitigate the challenges faced by health professionals in interpreting and applying research findings [16].

The utilization of health research among health professionals is influenced by a complex interplay of individual, organizational, and systemic factors. Addressing these factors requires a multifaceted approach that includes enhancing research literacy, fostering supportive organizational cultures, and implementing conducive policies and frameworks. By understanding and addressing the barriers to research utilization, healthcare systems can improve the translation of research findings into practice, ultimately leading to better patient outcomes and more efficient healthcare delivery.

The purpose of this research is to investigate the factors affecting health research utilization among health professionals in Nigeria, a critical aspect for enhancing healthcare systems

and patient outcomes. The significance of the research problem lies in the persistent gap between health research and its practical application in clinical settings, often due to barriers such as insufficient research literacy, poor dissemination practices, and unsupportive organizational cultures. The study aims to address the following research questions: What are the key factors hindering the utilization of health research among Nigerian health professionals? How can these barriers be mitigated to improve the translation of research into practice? By exploring these questions, the study seeks to provide actionable recommendations to bridge the gap between research and practice, ultimately contributing to improved patient care and healthcare system efficiency in Nigeria.

2. Method

2.1. Study Design

The study employed a cross-sectional descriptive design to gather data on the utilization of health research findings among health professionals in Nigeria. This design was chosen to identify the current state of research utilization, perceived barriers, and suggestions for improvement.

2.2. Sampling Technique

A purposive sampling method was utilized to recruit participants from public health professional and health policy maker platforms. This approach was selected to target individuals with specific characteristics relevant to the study, such as those involved in public health research and policy-making. This technique was suitable given the unknown distribution and availability of the target population.

2.3. Data Collection

Data collection was conducted through an online survey using Google Forms. The survey link was distributed across various public health and related social media and email platforms. A structured questionnaire was developed, pre-tested, and then deployed to collect quantitative data. The questionnaire included sections on demographic information, the current utilization of research findings, the effectiveness of dissemination systems, perceived importance of research utilization, barriers to research utilization, and recommendations for improvement.

2.4. Ethical Consideration

Ethical considerations were paramount in this study. The following measures were taken to ensure compliance with ethical guidelines:

1. Anonymity and Confidentiality: No names or contact information were requested from participants to maintain

anonymity. All collected data were kept confidential and securely stored on password-protected computers.

2. Informed Consent: Participants were provided with information about the study in easily understandable language. Informed consent was obtained from all participants before they completed the survey.
3. Voluntary Participation: Participation in the study was entirely voluntary. Participants were informed that they could withdraw from the study at any point without any repercussions.
4. Ethical Approval: The study adhered to international ethical guidelines for research involving human subjects, ensuring that all procedures were in line with accepted ethical standards.

3. Result

3.1. Utilization of Participants Own Research Findings in Health

In [table 1](#), more proportion of female (63.9%) respondents than male (97.4%) counterpart, indicated that they have conducted research with findings if utilized, can improve health and quality of life of people but their research findings are not utilized. Chi square value is 1.353 and p value is 0.509, showing no significant relationship between gender and Utilization of participants own research findings in health.

More proportion of age group 21-30 years (69.7%) respondents, than 41-50 years (69.4%), 51-60 years (56.8%), 31-40 years (54.0%) and 61 years & above (36.4%) indicated that they have conducted research with findings if utilized, can improve health and quality of life of people but their research findings are not utilized. Chi square value is 16.582 and p value is 0.035, therefore showing significant relationship between age group and Utilization of participants own research findings in health.

More proportion of respondents with Non-Public Health Degree (71.8%) than those with Bachelor degree in Public Health (63.0%), Master's in Public Health (60.9%) and Doctorate in Public Health indicated that they have conducted research with findings if utilized, can improve health and quality of life of people but their research findings are not utilized. Chi square value is 12.076 and p value is 0.060, showing no significant relationship between educational qualifications and Utilization of participants own research findings in health.

More respondents in the work area of Health Policy Maker (65.9%) than Public Health Professional (60.5%), indicated that they have conducted research with findings if utilized, can improve health and quality of life of people but their research findings are not utilized. Chi square value is 2.835 and p value is 0.242, also showing no significant relationship between work area and Utilization of participants own research findings in health.

Table 1. Utilization of participants own research findings in health.

Utilization of participants own research findings in health						
Demographic Variables	Yes	No	Not Sure	Total	X ²	P-value
Sex						
Male	24 (13.7%)	103 (58.9%)	48 (27.4%)	175 (100%)	1.353	0.509
Female	24 (10.6%)	145 (63.9%)	58 (25.6%)	227 (100%)		
Total	48	248	106	402		
Age						
21-30 years	7 (9.2%)	53 (69.7%)	16 (21.1%)	76 (100%)	16.582	0.035
31-40 years	18 (15.9%)	61 (54.0%)	34 (30.1%)	113 (100%)		
41-50 years	10 (8.3%)	84 (69.4%)	27 (22.3%)	121 (100%)		
51-60 years	9 (11.1%)	46 (56.8%)	26 (32.1%)	81 (100%)		
61 years & above	4 (36.4%)	4 (36.4%)	3 (27.3%)	11 (100%)		
Total	48	248	106	402		
Educational Qualification						
Bachelor Public Health	2 (7.4%)	17 (63.0%)	8 (29.6%)	27 (100%)	12.076	0.060
Master's in Public Health	33 (14.0%)	143 (60.9%)	59 (25.1%)	235 (100%)		
Doctorate -Public Health	5 (9.1%)	27 (49.1%)	23 (41.8%)	55 (100%)		
Non-Public Health Degree	8 (9.4%)	61 (71.8%)	16 (18.8%)	85 (100%)		
Total	48	248	106	402		
Work Area						
Public Health Professional	42 (13.4%)	190 (60.5%)	82 (26.1%)	314 (100%)	2.835	0.242
Health Policy Maker	6 (6.8%)	58 (65.9%)	24 (27.3%)	88 (100%)		
Total	48	248	106	402		

3.2. Participants Conducted Research and Utilization of Participants Own Research Findings in Health

From table 2 and figure 1 Below, out of the total 402 respondents, majority (87.6% N = 402) indicated to have conducted research with findings, if utilized, can improve the health and quality of life of people, but only a few (13.6% N=352) indicated that such findings are utilized. Majority, (86.4% N=352) indicated otherwise.

Table 2. Participants conducted research and utilization of participants own research findings in health.

Participants conducted research with findings, if utilized, can improve the health of people and utilization of such research findings in health.				
	Yes	No	Not Sure	TOTAL
Have you conducted research with findings, if utilized, can improve the health and quality of life of people?	352 (87.6%)	40 (10.0%)	10 (2.5%)	402 (100%)
If yes, have any of such research findings been utilized to improve system, improve health and quality of life of people	48 (14%)	304 (86%)		352 (100%)

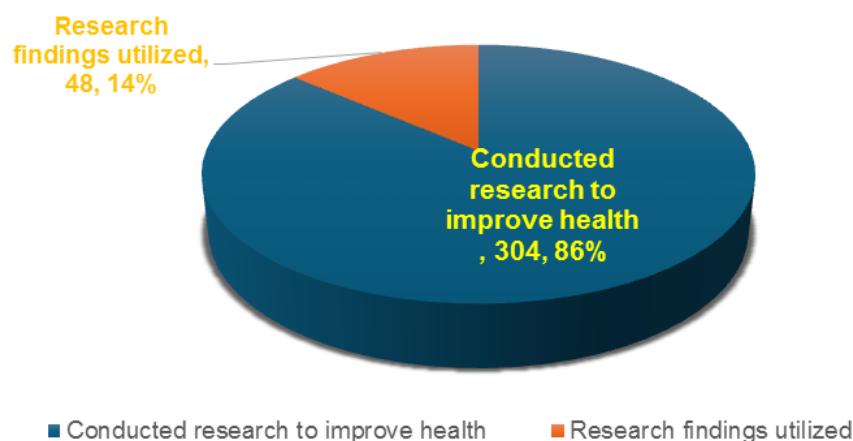


Figure 1. Participants conducted research and utilization of participants own research findings in health.

3.3. Respondents Perceived Challenges to Utilization of Research Finding in Health

From the table 3, vast majority of respondents are in agreement to the suggested challenges against utilization of research finding in health in Nigeria. Majority of respondents (83.1%) are in agreement that there is a gap in skillful communication translation and dissemination of research findings between researchers and users of research findings. Up to 84.6% of the respondents are in agreement that lack of access to research and poor dissemination hinders utilization of research findings in health. Majority of respondents (86.9%) are also in agreement that Competing pressures (economic, political, social, and cultural factors) could hinder utilization of research findings.

Up to 74.1% are in concordance with the suggestion that Lack of appropriate "packaging" of research findings that consider the needs of different policy audiences can be a

challenge. Majority (84.1%) indicated in harmony with the suggestion that lack of dissemination of research findings outside academic circles., dissemination only within academic circles also restricts access by decisionmakers and other research users thus can be a hindrance. And 80.9% of the respondents also are in agreement with the suggestion that researchers having the pressure & priorities to publish in peer-reviewed journals rather than use of research findings for policy and improvement of systems and health of the people can also be a hindrance to utilization of research finding in health in Nigeria.

Other perceived challenges suggested by the respondents includes.

- 1) Lack of funding for avenue or system for dissemination and Utilization of research findings in health.
- 2) Lack of international collaboration/support for avenue or system for dissemination and Utilization of research findings in health.

Table 3. Respondents perceived challenges to utilization of research finding in health.

Perceived challenges to Utilization of Research Findings	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
There is a gap in skillful communication translation and dissemination of research findings between researchers and users of research findings.	219 (54.5%) 83.1%	115 (28.6%)	48 (11.9%)	13 (3.2%)	7 (1.7%)	402 (100%)
Lack of access to research findings and poor dissemination of research findings	221 (55.0%) 84.6%	119 (29.6%)	34 (8.5%)	12 (3.0%)	16 (4.0%)	402 (100%)
Competing pressures (economic, political, social, and cultural factors)	241 (60.0%) 86.9%	108 (26.9%)	30 (7.5%)	11 (2.7%)	12 (3.0%)	402 (100%)
Lack of appropriate "packaging" of research findings	185 (46.0%) 74.1%	113 (28.1%)	58 (14.4%)	32 (8.0%)	14 (3.5.0%)	402 (100%)

Perceived challenges to Utilization of Research Findings	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Lack of dissemination of research findings outside academic circles., Dissemination only within academic circles	215 (53.5%) 84.1%	123 (30.6%)	36 (9.0%)	16 (4.0%)	12 (3.0%)	402 (100%)
Researchers having the pressure & priorities to publish in peer-reviewed journals rather than use of research findings for policy and improvement of systems and health of the people.	217 (54.0%) 80.9%	108 (26.9%)	49 (12.2%)	17 (4.2%)	11 (2.7%)	402 (100%)

3.4. Respondents Recommendations for Improvement of Utilization of Research Finding in Health

From the [table 4](#), vast majority of respondents are in agreement to the recommendations for improvement of utilization of research finding in health in Nigeria. Majority of respondents (80.1%) are in agreement that knowledge brokers are important third category to help bridge the gap between researchers and users of research findings (to communicate research findings and facilitate use of research findings). Up to 87.6% of the respondents are in agreement that creating a more research-attuned culture among the users of research will enhance utilization of research findings. Majority of respondents (85.8%) are also in agreement that creating a more decision-relevant culture among producers of research will enhance utilization of research findings in health in Nigeria.

Up to 91.1% are in concordance with the suggestion that

improving relationships communication, interaction and knowledge exchange between researchers and users of research findings will improve utilization of research findings in health. Also, majority (89.5%) indicated in harmony with the suggestion that Capacity building for the 3 actors (Research producers, Knowledge brokers & Users of research findings) towards effective utilization of research findings in health in Nigeria.

Other perceived suggestions to improve utilization of research findings in health by the respondents includes.

- 1) There should be well-established known avenue or system for dissemination and Utilization of research findings in health, at the Ministry of health or related institutions.
- 2) There should be funding for avenue or system for dissemination and Utilization of research findings in health.
- 3) There should be international collaboration/support for avenue or system for dissemination and Utilization of research findings in health. Like the Research into Use Nigeria Program, funded by DFID.

Table 4. Respondents recommendations for improvement of utilization of research finding in health.

Recommendations for improvement of utilization of research finding in health.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
knowledge brokers are important third category to help bridge the gap between researchers and users of research findings (to communicate research findings and facilitate use of research findings)	202 (50.2%) 80.1%	120 (29.9%)	65 (16.2%)	9 (2.2%)	6 (1.5%)	402 (100%)
Creating a more research-attuned culture among the users of research.	238 (59.2%) 87.6%	114 (28.4%)	31 (7.7%)	10 (2.5%)	9 (2.2%)	402 (100%)
Creating a more decision-relevant culture among producers of research	229 (57.0%) 85.8%	116 (28.8%)	37 (9.2%)	14 (3.5%)	6 (1.5%)	402 (100%)
Improving relationships communication, interaction and knowledge exchange between researchers and users of research findings,	264 (65.7%) 91.1%	102 (25.4%)	20 (5.0%)	8 (2.0%)	8 (2.0%)	402 (100%)

Recommendations for improvement of utilization of research finding in health.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Capacity building for the 3 actors (Research producers, Knowledge brokers & Users of research findings) towards effective utilization of research findings.	273 (67.9%) 89.5%	87 (21.6%)	28 (7.0%)	9 (2.3%)	5 (1.2%)	402 (100%)

4. Discussion

4.1. Utilization of Participants Own Research Findings in Health

The findings from Table 1 reveal intriguing insights into the utilization of research findings among health professionals in Nigeria, highlighting significant demographic disparities. A higher proportion of female respondents (63.9%) compared to male respondents (58.9%) reported that their research findings, which have the potential to improve health and quality of life, remain unutilized; however, this difference was not statistically significant ($\chi^2 = 1.353$, $p = 0.509$). This aligns with existing literature which often finds no significant gender differences in research utilization but suggests that both male and female researchers face similar barriers [17]. Age, however, showed a significant relationship with research utilization, with the 21-30 age group (69.7%) reporting the highest proportion of unused research findings ($\chi^2 = 16.582$, $p = 0.035$). This finding is supported by previous studies indicating younger researchers often encounter more barriers, such as limited access to networks and resources, which impede the implementation of their findings [18]. The educational qualification also presented noteworthy trends though it was not statistically significant ($\chi^2 = 12.076$, $p = 0.060$). Interestingly, respondents with non-public health degrees (71.8%) reported higher unused research findings compared to those with specialized public health degrees. This suggests that individuals outside the public health discipline might struggle more with translating research into practice, potentially due to a lack of specific training in evidence-based practice (8). Furthermore, a higher proportion of health policy makers (65.9%) than public health professionals (60.5%) reported unused research findings, although this was not statistically significant ($\chi^2 = 2.835$, $p = 0.242$). This could reflect the complex nature of policy environments where research uptake is influenced by political, economic, and institutional factors [1].

4.2. Participants Conducted Research and Utilization of Participants Own Research Findings in Health

The findings in Table 2 highlight a significant gap between

the production of research and its practical utilization among health professionals in Nigeria. A substantial majority (87.6%) of respondents reported conducting research that, if applied, could enhance health outcomes and quality of life. However, only a small fraction (13.6%) of these findings are actually utilized, with the vast majority (86.4%) remaining unused. This disconnect underscores a critical issue in the translation of research into practice, which is consistent with global trends observed in various studies. For instance, Grimshaw et al. [9] noted that despite a growing body of health research, the application of these findings in real-world settings often lags due to factors such as lack of resources, insufficient training, and institutional inertia. Similarly, Mitton et al. [19] identified key barriers including a lack of supportive infrastructure, limited engagement between researchers and policymakers, and the complexity of health systems that hinder the effective implementation of research findings. Furthermore, research by Innvaer et al. [20] emphasized the role of communication gaps and the need for more interactive and sustained dialogues between researchers and practitioners to bridge this divide. The significant proportion of unused research findings highlighted in this study suggests that efforts to enhance research utilization should focus on strengthening these areas, promoting better integration of evidence into health policy and practice, and developing strategies to address the systemic barriers that prevent the application of research findings in health improvements. This calls for a concerted effort from all stakeholders involved, including policymakers, health professionals, and researchers, to create an environment conducive to the practical application of research for better health outcomes in Nigeria and beyond.

4.3. Respondents Perceived Challenges to Utilization of Research Finding in Health

The respondents' perceptions of challenges to the utilization of health research findings in Nigeria, as shown in Table 3, reveal several critical barriers that align with broader global challenges in this domain. A significant majority (83.1%) identified a gap in skillful communication, translation, and dissemination between researchers and users of research findings. This is consistent with the literature, which underscores the importance of effective communication in bridging the research-to-practice gap [21]. Additionally, 84.6% of respondents pointed to a lack of access and poor dissemination

tion practices as major hindrances, a sentiment echoed in studies by Grimshaw et al. [22], which highlight the role of dissemination channels in ensuring research findings reach relevant stakeholders. The challenge of competing pressures, acknowledged by 86.9% of respondents, reflects the complex interplay of economic, political, social, and cultural factors that can impede the application of research [20]. Furthermore, the issue of research findings not being appropriately packaged for different policy audiences, agreed upon by 74.1% of respondents, aligns with findings by Dagenais et al. [23], who emphasize the need for tailored communication strategies to meet diverse audience needs. The majority (84.1%) also noted the restricted dissemination within academic circles as a barrier, corroborating insights from Mitton et al. [19] that highlight the necessity for broader dissemination strategies. Finally, the pressure on researchers to publish in peer-reviewed journals over policy-oriented publications, as noted by 80.9% of respondents, reflects a common academic challenge that prioritizes scholarly output over practical application [24]. Other significant challenges mentioned include the lack of funding and international collaboration for dissemination, which are critical factors identified in the broader literature as essential for effective research translation and utilization [8]. Addressing these multifaceted challenges requires a coordinated effort involving policymakers, researchers, and international bodies to enhance the practical application of health research in Nigeria.

4.4. Respondents Recommendations for Improvement of Utilization of Research Finding in Health

The respondents' recommendations for improving the utilization of health research findings in Nigeria, as summarized in Table 4, reflect a strong consensus on several key strategies. A significant majority (80.1%) emphasized the importance of knowledge brokers, who serve as intermediaries to bridge the gap between researchers and users, facilitating communication and the practical application of research findings. This recommendation is supported by studies highlighting the effectiveness of knowledge brokers in enhancing evidence-based practice [25]. Furthermore, 87.6% of respondents advocated for fostering a more research-attuned culture among research users, a strategy that aligns with the findings of Lavis et al. [21], which suggest that increased engagement and receptivity among users are crucial for the successful implementation of research outcomes. Additionally, 85.8% of respondents supported creating a decision-relevant culture among research producers, emphasizing the need for research that directly addresses policy and practice needs. This approach is corroborated by Mitton et al. [19], who argue that relevance to decision-making contexts is a critical factor for research utilization. The highest level of agreement (91.1%) was for improving relationships, communication, interaction, and knowledge exchange between researchers and users,

which is essential for overcoming the disconnect that often hampers research utilization [22]. Moreover, 89.5% of respondents highlighted the need for capacity building among all stakeholders—research producers, knowledge brokers, and users—underscoring the importance of training and development to enhance research uptake. This aligns with the recommendations of Brownson et al. [8], who stress the necessity of building capacity to support the dissemination and implementation of research findings. Additional suggestions included establishing well-known avenues for dissemination within the Ministry of Health or related institutions, securing funding for these efforts, and fostering international collaboration. Collectively, these recommendations highlight a comprehensive approach to improving the utilization of health research findings, addressing structural, cultural, and communicative barriers that hinder the translation of research into practice. These recommendations align with the findings of Oliver et al. [26], reinforcing the multifaceted approach required to improve the utilization of health research findings effectively.

5. Conclusion

The findings highlight several strategies to enhance the utilization of health research findings in Nigeria. Respondents emphasized the need for knowledge brokers to bridge gaps between researchers and users, fostering a culture more attuned to research among users and a decision-relevant culture among producers. Strengthening relationships and communication between researchers and users was identified as crucial, alongside capacity building for all stakeholders involved. Recommendations also included establishing dissemination systems within health institutions, securing appropriate funding, and promoting international collaboration. These strategies collectively address the structural, cultural, and communicative barriers impeding research translation into practice, aligning with broader literature that underscores the importance of a multifaceted approach to improve health outcomes effectively.

Abbreviations

WHO	World Health Organization
LMICs	Low- and Medium-income Countries
ASPPH	Association of Schools and Program of Public Health
FHI	Family Health International
NGO	Non-Governmental Organization

Conflicts of Interest

The authors declare no conflicts of interest.

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