








Research Article

Public Health Professionals' Perspectives on Research Utilization in Nigerian Health Systems

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Abstract

The integration of research evidence into healthcare decision-making is essential for improving health outcomes, particularly in low- and middle-income countries like Nigeria. This study investigates the perspectives of public health professionals on research utilization within the Nigerian health system, identifying barriers and facilitators to the application of evidence-based practices. Utilizing a cross-sectional descriptive design, data were collected from public health professionals and policymakers through a structured questionnaire distributed via Google Survey. The findings reveal a significant gap in the dissemination and utilization of research findings, with many professionals unaware of existing systems to facilitate this process. Despite recognizing the importance of research utilization for enhancing health and quality of life, barriers such as limited access to quality research publications and inadequate collaboration between researchers and policymakers impede effective implementation. Capacity-building initiatives, such as workshops and continuous professional development programs, were identified as key facilitators for promoting evidence-based practices. The study underscores the need for improved communication and tailored dissemination strategies to bridge the gap between research and practice, ensuring that findings are accessible and applicable to the specific needs of different professional groups. These results align with existing literature that highlights the crucial role of evidence-based practice in public health and the necessity of robust dissemination and implementation frameworks. Addressing these barriers and leveraging facilitators can significantly enhance the utilization of research findings, leading to better health outcomes and more effective healthcare policies in Nigeria.

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Keywords

Research Utilization, Evidence-Based Practices, Nigerian Health System, Public Health Professionals, Barriers and Facilitators, Capacity-Building Initiatives

1. Introduction

The utilization of research evidence in healthcare decision-making is crucial for the enhancement of health outcomes, particularly in low- and middle-income countries (LMICs) such as Nigeria. Public health professionals play a pivotal role in bridging the gap between research findings and their application in healthcare policies and practices. Understanding their perspectives on research utilization can shed light on the barriers and facilitators that impact the integration of evidence-based practices in Nigerian health systems.

Research utilization in health systems involves the application of scientific evidence to improve health policies, programs, and practices. It is a critical component for advancing healthcare quality and effectiveness. According to Lavis et al. [1], effective research utilization can lead to better health outcomes, more efficient use of resources, and improved patient care. In Nigeria, where the health system faces significant challenges such as inadequate funding, insufficient healthcare infrastructure, and a high burden of diseases, the integration of research findings into practice is essential for addressing these issues [2].

Despite the recognized importance, several barriers hinder the effective utilization of research in Nigerian health systems. One major challenge is the lack of access to quality research and scientific publications. Many public health professionals in Nigeria do not have access to the latest research findings due to limited availability of journals and databases [3]. This lack of access impedes their ability to stay updated with current evidence, thereby affecting their capacity to implement evidence-based interventions.

Another significant barrier is the insufficient collaboration between researchers and policymakers. Studies have shown that the disconnect between those who produce research and those who use it in policymaking leads to underutilization of research findings [4]. In Nigeria, this gap is often exacerbated by differences in priorities, language, and the perceived relevance of research to policy needs [5].

Despite these challenges, there are several factors that facilitate research utilization in Nigerian health systems. Capacity building and training programs aimed at improving the research literacy of public health professionals can significantly enhance their ability to apply research findings. Workshops, seminars, and continuous professional development programs have been identified as effective means of fostering a culture of evidence-based practice [6].

Institutional support also plays a crucial role in promoting

research utilization. Health organizations that prioritize research and provide resources for its implementation are more likely to see a positive impact on healthcare outcomes. According to El-Jardali et al. [7], organizations with dedicated research departments or units, as well as those that encourage collaborations between researchers and practitioners, tend to have higher rates of research utilization.

Understanding the perspectives of public health professionals on research utilization is key to addressing the existing barriers and enhancing the facilitators. Public health professionals often perceive the integration of research into practice to improve patient care and healthcare delivery. However, they also express concerns about the practical challenges associated with this process, such as time constraints, resource limitations, and the complexity of translating research findings into actionable policies [8].

In Nigeria, public health professionals highlight the need for more context-specific research that addresses local health issues and is directly applicable to their practice settings. They also emphasize the importance of stakeholder engagement in the research process to ensure that the findings are relevant and can be easily implemented [9]. Additionally, professionals advocate for stronger policy frameworks that support the use of research in decision-making and allocate adequate funding for research activities [10].

The perspectives of public health professionals on research utilization are critical for understanding how to enhance the integration of evidence-based practices in Nigerian health systems. Addressing the barriers and leveraging the facilitators can significantly improve health outcomes in Nigeria. Efforts should be made to increase access to quality research, foster collaboration between researchers and policymakers, and build the capacity of public health professionals to use research effectively. By prioritizing research utilization, Nigerian health systems can become more responsive, efficient, and capable of meeting the health needs of their population.

2. Method

2.1. Study Design

The study utilized a cross-sectional descriptive design aimed at gathering data on the utilization of research findings

in health within Nigeria, identifying perceived barriers, and suggesting recommendations for improvement.

2.2. Sampling Technique

Purposive sampling was employed to recruit participants from public health professional and health policy maker platforms. This approach was chosen to target individuals with specific characteristics relevant to the study, namely those involved in public health research and policy development. Given the unknown and uneven distribution of the population, this method ensured focused and relevant data collection.

2.3. Data Collection

Data was collected using a structured questionnaire administered through a Google survey. The questionnaire, designed to capture quantitative data, included sections on demographic characteristics, the current situation of research findings utilization, systems for dissemination and utilization, the importance of utilizing research findings, perceived barriers, and recommendations for improvement. The instrument was pre-tested for validity and reliability before deployment. Respondents accessed the survey link shared on various public health and related social media and email platforms and participated voluntarily after providing informed consent.

2.4. Ethical Considerations

Ethical guidelines were strictly followed throughout the study. No personal identifiers were collected from participants to ensure anonymity. Informed consent was obtained, clearly explaining the study's purpose in an understandable language. Participation was voluntary, with participants free to withdraw at any stage. Collected data was kept confidential and securely stored, accessible only to the research team using password-protected computers.

3. Result

3.1. Participants Awareness of Any System in Place for Dissemination and Utilization of Research Findings

In [figure 1](#), very small proportion of the total respondents

(14.2%), indicated to be aware of any system in place for dissemination and utilization of research findings in health in Nigeria. Majority (85.8%) comprising of those who indicated No and Not sure, appear not to be aware of any system in place for dissemination and utilization of research findings in health in Nigeria.

In [table 1.](#), More proportion of male (20.6%) than female (9.3%) respondents, indicated to be aware of any system in place for dissemination and utilization of research findings. And more proportion of female (65.6%) than male (50.3%) respondents, indicated not to be aware of any system in place for dissemination and utilization of research findings. Chi square value is 13.480 and p value is 0.001, showing significant relationship between gender and awareness of any system in place for dissemination and utilization of research findings.

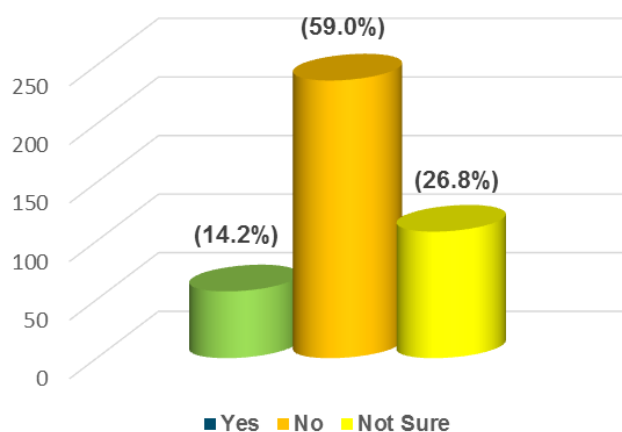
More proportion of age group 61 years & above (36.4%) indicated awareness of any system in place for dissemination and utilization of research findings more than those of aged 51-60 years (17.3%), 21-30 years (15.8%), 31-40 years (15.0%) and 41-50 years (8.3%). Chi square value is 14.627 and p value is 0.067, showing no significant relationship between age group and awareness of any system in place for dissemination and utilization of research findings in health in Nigeria.

Also In [table 1](#), More proportion of respondents with Doctorate in Public Health (20.0%) indicated awareness of any system in place for dissemination and utilization of research findings in health in Nigeria than those with Non-Public Health Degree (18.8%), Master's in Public Health (11.9%) and those with Bachelor Public Health (7.4%). Chi square value is 13.400 and p value is 0.037, showing a significant relationship between Educational Qualification and awareness of any system in place for dissemination and utilization of research findings in health in Nigeria.

More respondents in the work area of Public Health Professional (15.3%) indicated awareness of any system in place for dissemination and utilization of research findings in health in Nigeria. than those in the work area of Health Policy Maker (10.2%). And more proportion of Public Health Professional work area (61.5%) indicated not to be aware of any system in place for dissemination and utilization of research findings in health in Nigeria than those in the Health Policy Maker (50.0%). Chi square value is 9.760 and p value is 0.008, showing again a significant relationship between work area and awareness of any system in place for dissemination and utilization of research findings in health in Nigeria.

Table 1. Participants awareness of any system in place for dissemination and utilization of research findings.

Participants awareness of any system in place for dissemination and utilization of research findings						
Demographic Variables	Yes	No	Not Sure	Total	X ²	P-value
Sex						
Male	36 (20.6%)	88 (50.3%)	51 (29.1%)	175 (100%)	13.480	0.001
Female	21 (9.3%)	149 (65.6%)	57 (25.1%)	227 (100%)		
Total	57	237	108	402		
Age						
21-30 years	12 (15.8%)	48 (63.2%)	16 (21.1%)	76 (100%)	14.627	0.067
31-40 years	17 (15.0%)	68 (60.2%)	28 (24.8%)	113 (100%)		
41-50 years	10 (8.3%)	78 (64.5%)	33 (27.3%)	121 (100%)		
51-60 years	14 (17.3%)	38 (46.9%)	29 (35.8%)	81 (100%)		
61 yrs & above	4 (36.4%)	5 (45.5%)	2 (18.2%)	11 (100%)		
Total	57	237	108	402		
Educational Qualification						
Bachelor Public Health	2 (7.4%)	17 (63.0%)	8 (29.6%)	27 (100%)	13.400	0.037
Master’s in Public Health	28 (11.9%)	146 (62.1%)	61 (26.0%)	235 (100%)		
Doctorate -Public Health	11 (20.0%)	22 (40.0%)	22 (40.0%)	55 (100%)		
Non-Public Health Degree	16 (18.8%)	52 (61.2%)	17 (20.0%)	85 (100%)		
Total	57	237	108	402		
Work Area	Yes	No	Not Sure	Total		
Public Health Professional	48 (15.3%)	193 (61.5%)	73 (23.2%)	314 (100%)	9.760	0.008
Health Policy Maker	9 (10.2%)	44 (50.0%)	35 (39.8%)	88 (100%)		
Total	57	237	108	402		

**Figure 1.** Participants awareness of any system in place for dissemination and utilization of research findings in health in Nigeria.

3.2. Participants Seeing Utilization of Research Findings in Health as Important

From Figure 1, vast majority of respondents, (97.5%) indicated seeing utilization of research findings in health as important.

In table 2, more proportion of female (97.8%) than male (97.1%) respondents, indicated seeing utilization of research findings in health as important.

Chi square value is 3.836 and p value is 0.147, showing no significant relationship between gender and seeing utilization of research findings in health as important.

More proportion of age group 61 years & above (100.0%) and 21-30 years (100.0%) alike, indicated seeing utilization of research findings in health as important than those of aged 41-50 years (99.2%), 51-60 years (96.3%) and 31-40 years (94.7%). Chi square value is 8.629 and p value is 0.375, showing no significant relationship between age group and

seeing utilization of research findings in health as important.

In same [table 2](#), more proportion of respondents with Non-Public Health Degree (100.0%) indicated seeing utilization of research findings in health as important, than those with Doctorate in Public Health (98.2%), Master's in Public Health (96.6%) and those with Bachelor Public Health (96.3%). Chi square value is 5.468 and p value is 0.485 therefore showing no significant relationship between Educational Qualification and seeing utilization of research findings in health as important.

More respondents in the work area of Public Health Pro-

fessional (98.7%) indicated seeing utilization of research findings in health as important than those in the work area of Health Policy Maker (93.2%). Chi square value is 18.068 and p value is 0.000, therefore showing a significant relationship between work area and seeing utilization of research findings in health as important.

[Figure 2](#) shows that vast majority of respondents (98.3%) indicated that it is when research findings are utilized to improve health and quality of life of people, that is when research is said to be successful.

Table 2. Participants seeing utilization of research findings in health as important.

Participants Seeing Utilization of research findings in health as important						
Demographic Variables	Yes	No	Not Sure	Total	X ²	P-value
Sex						
Male	170 (97.1%)	4 (2.3%)	1 (0.6%)	175 (100%)	3.836	0.147
Female	222 (97.8%)	1 (0.4%)	4 (1.8%)	227 (100%)		
Total	392	5	5	402		
Age						
21-30 years	76 (100%)	0 (0%)	0 (0%)	76 (100%)	8.629	0.375
31-40 years	107 (94.7%)	3 (2.7%)	3 (2.7%)	113 (100%)		
41-50 years	120 (99.2%)	1 (0.8%)	0 (0%)	121 (100%)		
51-60 years	78 (96.3%)	1 (1.2%)	2 (2.5%)	81 (100%)		
61 years & above	11 (100%)	0 (0%)	0 (0%)	11 (100%)		
Total	392	5	5	402		
Educational Qualification						
Bachelor Public Health	26 (96.3%)	0 (0%)	1 (3.7%)	27 (100%)	5.468	0.485
Master’s in Public Health	227 (96.6%)	4 (1.7%)	4 (1.7%)	235 (100%)		
Doctorate -Public Health	54 (98.2%)	1 (1.8%)	0 (0%)	55 (100%)		
Non-Public Health Degree	85 (100%)	0 (0%)	0 (0%)	85 (100%)		
Total	392	5	5	402		
Work Area						
Public Health Professional	310 (98.7%)	4 (1.3%)	0 (0%)	314 (100%)	18.068	0.000
Health Policy Maker	82 (93.2%)	1 (1.1%)	5 (5.7%)	88 (100%)		
Total	392	5	5	402		

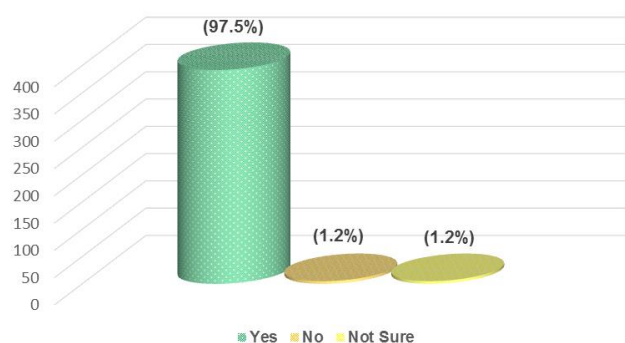


Figure 2. Participants seeing utilization of research findings in health as important.

3.3. Participants Perception of When to Say Research is Successful

In table 3, more proportion of male (99.4%) than female (97.4%) respondents perceived that it is when research findings are utilized that is when research is said to be successful. Chi square value is 2.479 and p value is 0.115, showing no significant relationship between gender and Perception of when to say research is successful.

More proportion of age group 41-50 years (100.0%) and 61 years & above (100.0%) alike, indicated that it is when research findings are utilized that is when research is said to be successful, than those of aged 51-60 years (98.8%), 31-40 years (97.3%) and 21-30 years (96.1%). Chi square value is 5.174 and p value is 0.270, also showing no significant relationship between age group and Perception of when to say research is successful.

More proportion of respondents with Bachelor Public Health (100.0%) indicated that it is when research findings are utilized that is when research is said to be successful, than those with Non-Public Health Degree (98.8%), Doctorate -Public Health (98.2%) and those with Master's in Public Health (97.9%). Chi square value is 0.844 and p value is 0.839 therefore showing no significant relationship between Educational Qualification and Perception of when to say research is successful.

More respondents in the work area of Health Policy Maker (100.0%) indicated that it is when research findings are utilized that is when research is said to be successful, than those in the work area of Public Health Professional (97.8%). Chi square value is 1.997 and p value is 0.158, Also no significant relationship between work area and perception of when to say research is successful.

Table 3. Participants Perception of when to say research is successful.

Participants Perception of when to say research is successful					
Demographic Variables	Research Findings Published	Research findings utilized	Total	X2	P-value
Sex					
Male	1 (0.6%)	174 (99.4%)	175 (100%)	2.479	0.115
Female	6 (2.6%)	221 (97.4%)	227 (100%)		
Total	7	395	402		
Age					
21-30 years	3 (3.9%)	73 (96.1%)	76 (100%)	5.174	0.270
31-40 years	3 (2.7%)	110 (97.3%)	113 (100%)		
41-50 years	0 (0%)	121 (100%)	121 (100%)		
51-60 years	1 (1.2%)	80 (98.8%)	81 (100%)		
61 years & above	0 (0%)	11 (100%)	11 (100%)		
Total	7	395	402		
Educational Qualification					
Bachelor Public Health	0 (0%)	27 (100%)	27 (100%)	0.844	0.839
Master’s in Public Health	5 (2.1%)	230 (97.9%)	235 (100%)		
Doctorate -Public Health	1 (1.8%)	54 (98.2%)	55 (100%)		
Non-Public Health Degree	1 9 (1.2%)	84 (98.8%)	85 (100%)		
Total	7	395	402		

Participants Perception of when to say research is successful					
Demographic Variables	Research Findings Published	Research findings utilized	Total	X2	P-value
Work Area					
Public Health Professional	7 (2.2%)	307 (97.8%)	314 (100%)	1.997	0.158
Health Policy Maker	0 (0%)	88 (100%)	88 (100%)		
Total	7	395	402		

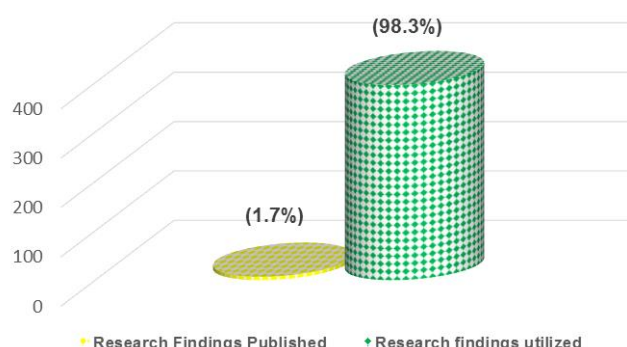


Figure 3. Participants Perception of when to say research is successful.

4. Discussion

4.1. Participants Awareness of Any System in Place for Dissemination and Utilization of Research Findings

The result of the research shows that there is likely no avenue or system in place for dissemination and utilization of research findings in health in Nigeria. Vast majority of the total respondents appear not to be aware or not sure of any avenue or system in place for dissemination and utilization of research findings in health in Nigeria. Meanwhile there is significant relationship between gender, Educational Qualification, work area and awareness of any system in place for dissemination and utilization of research findings. significant health in Nigeria. These findings underscore the need for improved communication and education regarding research dissemination systems, as also highlighted by Oliver et al. [11], who emphasized the importance of accessible and well-disseminated research for policy and practice improvement. Additionally, Nutley et al. [12] noted that effective dissemination requires tailored strategies that consider the specific needs and contexts of different professional groups, which is crucial for enhancing research utilization in health systems.

4.2. Participants Seeing Utilization of Research Findings in Health as Important

Result of the research shows that researchers and policy makers are aware and see Utilization of research findings in health as important. Vast majority of respondents indicated seeing utilization of research findings in health as important, with the great possibility of improving the health and wellbeing of people. And this is in line with Walugembe et al [13]. Meanwhile, there is a significant relationship between work area and seeing utilization of research findings in health as important. This finding aligns with the broader literature that underscores the critical role of evidence-based practice in public health. For instance, Brownson et al. [14] emphasize that public health professionals are more likely to recognize the importance of applying research findings due to their direct involvement in implementing evidence-based interventions. Similarly, Oliver et al. [11] highlight that while policy makers acknowledge the value of research, their utilization often depends on how well research findings are communicated and integrated into policy frameworks. The significant relationship between professional background and perception underscores the need for targeted strategies to enhance the use of research in policy making, as effective health policies are vital for improving public health outcomes [12].

4.3. Participants Perception of When to Say Research Is Successful

Result of the research shows that there is the awareness and acceptance that it is when research findings are utilized to improve health and quality of life of people, that is when research is said to be successful. The vast majority of respondents indicated that it is when research findings are utilized to improve health and quality of life of people, that is when research is said to be successful. This is in harmony with the research work of Duze [15]. Studies like those by Lavis et al. [1] emphasize that for research to impact health outcomes, it must be effectively translated into practice, echoing the respondents' belief in the importance of utilization. Nutley et al. [12] further reinforce that merely publishing research is insufficient; the findings must be implemented to achieve

tangible health improvements. This underscores the critical need for robust dissemination and implementation strategies to bridge the gap between research and practice.

5. Conclusion

The study highlights a significant gap in the awareness and existence of systems for the dissemination and utilization of health research findings in Nigeria, underscoring the necessity for enhanced communication and education strategies. Despite the general acknowledgment among researchers and policymakers of the importance of utilizing research findings to improve public health, the effective translation of research into practice remains a challenge. The findings suggest a need for tailored dissemination strategies that cater to the specific needs of different professional groups and emphasize the critical role of evidence-based practice in improving health outcomes. Successful research is widely perceived as that which leads to tangible improvements in health and quality of life, underscoring the importance of robust implementation strategies to ensure that research findings are not only published but also effectively applied in real-world settings. It is highly suggested that further research be carried out to find a more holistic way to make research evidence readily available to all stakeholders for ease of utilization for the targeted goal.

Abbreviations

WHO	World Health Organization
LMICs	Low- and Medium-Income Countries
ASPPH	Association of Schools and Program of Public Health
FHI360	Family Health International
NGO	Non-Governmental Organization

Conflicts of Interest

The authors declare no conflicts of interest.

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