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DIPLOMA PROGRAMMES



**EVIDENCED BASED PRACTICES IN NURSING CARE AT THE HOLY FAMILY
HOSPITAL, BEREKUM**

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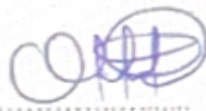
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2025

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in Registered General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

ANGELICA DARKO OBENG



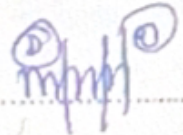
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ABSTRACT

This study investigated the knowledge, attitudes, and barriers to the implementation of Evidence-Based Practice (EBP) among healthcare professionals in a clinical setting. A descriptive cross-sectional survey design was adopted, and data were collected from 50 respondents using a structured questionnaire. The study aimed to assess the level of awareness and understanding of EBP, explore attitudes toward its use in clinical practice, and identify perceived obstacles to its implementation.

Findings revealed that while all participants (100%) had heard of EBP, only 40% were very familiar with its concepts. Although 90% correctly identified core elements of EBP—such as the use of best current evidence and clinical expertise—only 60% had received formal training. Half of the respondents reported confidence in locating and appraising research, while 30% lacked the skill, and 20% were unsure. Attitudes toward EBP were generally positive, with 70% agreeing that EBP enhances patient care and 76% expressing motivation to apply it. However, 26% viewed EBP as time-consuming, and 40% reported low confidence in its application.

Major barriers identified included lack of time (70%), inadequate access to research materials (56%), insufficient training (60%), and limited support from leadership (40%). These factors also contributed to infrequent use of EBP resources, with only 20% of respondents using them daily.

The study concludes that while there is broad awareness and positive disposition toward EBP among healthcare professionals, significant gaps in training, resource access, and institutional support hinder its effective implementation. It recommends comprehensive EBP training,

improved access to research resources, dedicated time for EBP activities, and strengthened leadership involvement to foster a more evidence-driven healthcare culture.

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ABBREVIATION

EBP	Evidence-Based Practice
WHO	World Health Organization
PSS	Statistical Package for the Social Sciences
MOH	Ministry of Health
LMIC	Low- and Middle-Income Country

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Evidence-based practice (EBP) has gained appreciable recognition in health service delivery (Yiridomoh et al., 2020). There is no doubt that nurses are in the frontline of service delivery in the healthcare industry more than any other health professionals. Therefore, the application of scientific knowledge in nursing service delivery is critical for the healthcare industry. The application of scientific knowledge is one of the cost-effective ways of reducing errors and improving patient outcomes (Anaman-Torgbor et al., 2022).

Globally, nurses encounter several obstacles in implementing EBP. Common barriers include time constraints, limited access to quality research, inadequate training, and organizational cultures resistant to change. A study highlighted that nurses often lack the necessary knowledge and skills to effectively apply EBP, which hampers its integration into clinical practice (Skela-Savič et al., 2020). Additionally, organizational support plays a crucial role; without it, nurses may feel disempowered to initiate or sustain EBP initiatives (Ongori & Kabo, 2024).

In Asian countries, cultural, educational, and systemic factors contribute to the challenges in EBP implementation. For instance, in China, nurses reported difficulties due to a lack of understanding of EBP concepts, limited access to evidence in the local language, and concerns about deviating from traditional practices (Gifford et al., 2020). Similarly, in South Asia, barriers such as political apathy, poverty, and inadequate health infrastructure impede the practice of evidence-based medicine (Agarwal et al., 2019).

European nurses also face challenges in adopting EBP. A study across six European countries found that a significant barrier was the lack of EBP education in nursing curricula, leading to insufficient knowledge and skills among nurses (Skela-Savič et al., 2020). Furthermore, organizational barriers, such as limited managerial support and resistance to change, were identified as significant impediments to EBP implementation (Nkrumah et al., 2020).

In the United States, nurses often cite time constraints and organizational culture as primary barriers to EBP. A survey revealed that many nurses lacked the time to engage with research due to heavy workloads, and some organizations did not prioritize EBP, making its implementation challenging (Wallis, 2020).

In Saudi Arabia, Alqahtani et al. (2020) reported that while nurses showed willingness to engage in EBP, they required more robust training and institutional encouragement to do so effectively (Alqahtani et al., 2020).

In African countries, systemic issues such as limited resources, inadequate training, and heavy workloads are prevalent barriers to EBP. A study in Ethiopia highlighted that nurses often relied on traditional practices due to a lack of access to current research and insufficient time to engage with evidence-based resources (Megersa et al., 2023). Moreover, organizational support is often lacking, making it difficult for nurses to implement EBP effectively (Lizarondo et al., 2019).

An institution-based cross-sectional study was conducted among 423 health professionals in Southwest Ethiopia, using proportional allocation and simple random sampling.

The study found that only 36.2% of participants demonstrated good utilization of evidence-based practice (EBP). Factors significantly associated with good EBP utilization included having received EBP training, possessing good knowledge, holding favorable attitudes, and having more than five years of work experience. The utilization of EBP among health

professionals in Southwest Ethiopia remains low, underscoring the importance of targeted educational and attitudinal interventions to bridge the practice gap (Shibabaw et al., 2023).

In West African nations, including Ghana, Nigeria, and others, the challenges to EBP are multifaceted. Nurses frequently report a lack of training in EBP principles, limited access to research databases, and insufficient institutional support. A study in Ghana found that nurses had difficulty understanding research methodologies and statistical analyses, which impeded their ability to apply research findings in clinical settings (Anaman-Torgbor et al., 2022).

Focusing on Ghana, several studies have identified specific barriers to EBP among nurses. These include limited knowledge of EBP concepts, inadequate training opportunities, and a lack of access to relevant research materials. For instance, a study highlighted that many nurses in Ghana struggled with interpreting research findings and applying them to patient care due to insufficient educational preparation (Yiridomoh et al., 2020). Organizational factors, such as a lack of supportive leadership and limited resources, also play a significant role in hindering EBP adoption (Yiridomoh et al., 2020).

At Holy Family Hospital in Berekum, understanding the specific barriers to EBP is essential for improving nursing care quality. Given the national context, it is likely that nurses at the hospital face similar challenges, including limited training in EBP, lack of access to research resources, and insufficient institutional support.

1.1 Problem statement

Evidence-Based Practice (EBP) is recognized globally as a cornerstone for delivering high-quality, patient-centered nursing care. By integrating the best available research evidence with clinical expertise and patient preferences, EBP enhances clinical decision-making and improves patient outcomes (Makarewicz et al., 2022). Despite its proven benefits, the

consistent implementation of EBP in nursing remains a significant challenge, particularly in low- and middle-income countries like Ghana (Nkrumah et al., 2020).

Several studies have identified various barriers to EBP adoption. For instance, a study conducted in Zahedan, Iran, revealed that over half of the participating nurses perceived organizational and individual factors as significant barriers to EBP implementation (Khammarnia et al., 2020). Similarly, research among primary healthcare nurses in Saudi Arabia highlighted organizational constraints, such as limited access to resources and support, as predominant obstacles. Additionally, a review focusing on nurses in Cyprus found that insufficient knowledge, lack of logistical support, and challenges in accessing data hindered the application of EBP (Pitsillidou et al., 2020).

Furthermore, the state of nursing research in Ghana reflects the need for enhanced focus on EBP. An integrative literature review emphasized the necessity for regular research to evaluate and improve nursing programs, thereby strengthening the foundation for EBP in the country (Christmals et al., 2020).

At Holy Family Hospital in Berekum, there is a growing emphasis on improving nursing care standards through the adoption of evidence-based protocols. However, there is a paucity of empirical data regarding the specific barriers nurses face in implementing EBP within this local context. Without such information, it becomes challenging for healthcare administrators and policymakers to develop effective strategies to overcome these challenges and foster a culture of evidence-informed care.

This study, therefore, seeks to assess the knowledge and attitudes of nurses toward EBP, identify institutional and individual barriers hindering its implementation, and propose practical recommendations for enhancing the integration of evidence-based practices in nursing care at Holy Family Hospital, Berekum.

1.2 General objective

To identify and assess the barriers that hinder the implementation of evidence-based practices (EBP) in nursing care at Holy Family Hospital, Berekum.

1.3 Specific objective

1. To evaluate the level of knowledge on evidence-based practice among nurses at Holy Family Hospital.
2. To identify barriers to the implementation of evidence-based practice in nursing care.
3. To examine the attitudes of nurses toward evidence-based practice and its application in clinical settings.

1.4 Operational definition of terms

Attitudes: Nurses' perceptions, beliefs, and willingness to adopt evidence-based practice in their daily work.

Barriers: Factors or challenges (individual, organizational, or systemic) that prevent or limit the use of evidence-based practice in nursing care.

Evidence-Based Practice (EBP): The integration of the best available research evidence with clinical expertise and patient values in nursing decision-making.

Knowledge and Awareness: The extent to which nurses understand the principles, sources, and applications of evidence-based practice.

Nursing Care: The clinical and interpersonal actions taken by nurses to assess, diagnose, treat, and support patient well-being.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

A growing body of literature has examined various factors that influence the uptake of EBP among nurses. These include knowledge levels, attitudes, resource availability, institutional support, and access to continuing education and research materials. Understanding these barriers is vital to creating targeted strategies that improve EBP integration in clinical settings.

This literature review explores existing studies on the barriers to evidence-based practice in nursing care. It draws on global, regional, and local perspectives to provide a comprehensive understanding of the challenges nurses face in different healthcare environments. The review also emphasizes the relevance of these findings to the context of Holy Family Hospital, Berekum, where the study seeks to identify and address the factors limiting the effective use of EBP in nursing care.

2.1 Knowledge on Evidence-Based Practice

A descriptive cross-sectional survey involving 500 nurses revealed a moderate level of understanding of evidence-based practice (EBP) principles among participants. However, the study found that actual implementation of EBP in clinical settings was low, indicating a gap between knowledge and practical application. The authors recommend ongoing education and institutional support to bridge this gap and promote the consistent use of EBP in clinical decision-making. In conclusion, although nurses may have a foundational awareness of EBP, there is a clear need for targeted strategies to enhance its practical integration into everyday nursing care (Sam Jacob et al., 2025).

The study titled "Knowledge and Utilization of Evidence-Based Nursing Practice among Nurses of Offa Specialist Hospital, Kwara State, Nigeria" employed a descriptive cross-sectional survey design. Although the specific sampling techniques were not detailed, the study focused on nurses working at Offa Specialist Hospital. The findings revealed that a significant proportion (77.3%) of the nurses demonstrated high knowledge of evidence-based practice (EBP). However, there was no statistically significant relationship between the nurses' level of knowledge and their actual utilization of EBP ($p = 0.06$). The study identified several barriers to EBP utilization, including poor attitudes toward change, insufficient knowledge, and a lack of organizational support. Based on these findings, the researchers recommended the implementation of sensitization programs to improve awareness and understanding of EBP among nurses. They also emphasized the need to strengthen organizational support structures to enhance the practical application of EBP in clinical settings. In conclusion, although the nurses had substantial knowledge of EBP, the actual application in practice was limited due to attitudinal and systemic barriers (Famutimi et al., 2020).

An institution-based cross-sectional study was conducted in referral hospitals in the Amhara Region of Ethiopia to evaluate the utilization of evidence-based practice (EBP) among nurses. A total of 684 nurses were selected using simple random sampling, with 671 completing the questionnaire, yielding a response rate of 98.1%. The study found that 55% of nurses demonstrated good EBP utilization. Several factors were identified as being positively associated with higher EBP usage, including being single, having fewer years of work experience, possessing good knowledge of EBP, effective communication skills, prior EBP training, access to the internet, and the availability of evidence-based guidelines. To enhance EBP utilization, the study recommended the provision of EBP training, improved access to internet services and clinical guidelines, and the development of nurses' communication skills

to support the effective implementation of evidence-based care. In conclusion, the study revealed that EBP utilization among nurses in the region remains suboptimal, emphasizing the need for targeted interventions to address the influencing factors (Aynalem et al., 2021).

An institution-based cross-sectional study was conducted among nurses in public hospitals of Eastern Ethiopia, involving 419 participants selected through simple random sampling. The study revealed that 59.7% of nurses possessed good knowledge of evidence-based practice (EBP). Factors that were significantly associated with improved EBP knowledge included gender, professional position, availability of administrative support, presence of collaborative colleagues, enhanced understanding of research methods, and prior EBP training. The study recommended the implementation of structured training programs aimed at improving EBP knowledge. Additionally, it emphasized the importance of fostering administrative support and promoting collaborative work environments to facilitate knowledge acquisition and application. In conclusion, enhancing EBP knowledge among nurses in Eastern Ethiopia requires a multifaceted approach that addresses both individual-level and organizational-level determinants (Amare et al., 2024).

A national survey using a descriptive cross-sectional design assessed nurses' knowledge, attitudes, and implementation of evidence-based practice (EBP). Although the sample size was not specified, the study findings revealed a positive attitude among nurses toward EBP, yet limited knowledge regarding its practical implementation. This discrepancy between favorable perceptions and inadequate knowledge highlights the need for targeted educational programs aimed at equipping nurses with the necessary skills and understanding to effectively implement EBP. In conclusion, the study emphasized that while nurses value EBP, its adoption in clinical settings remains suboptimal due to knowledge gaps, necessitating the development of comprehensive training programs to support evidence-informed practice (Konlan et al., 2025).

A pretest-posttest intervention study conducted among 36 nurses in Pakistan assessed the impact of educational programs on evidence-based practice (EBP) knowledge. The findings revealed that more than half of the participants initially had poor knowledge of EBP. However, post-intervention results showed a significant improvement, with approximately 90% of the nurses attaining average to good levels of knowledge. The study recommends integrating structured educational programs into professional training to enhance EBP knowledge among nursing staff. In conclusion, the research demonstrates the effectiveness of educational interventions in elevating nurses' understanding of EBP, thereby emphasizing the critical role of continuous professional development in healthcare settings (Saddiqa et al., 2023).

2.2 Barriers to The Implementation of Evidence-Based Practice

A descriptive, cross-sectional survey conducted among 1,031 registered nurses at a large U.S. medical center (422 responded; 40.9% response rate) revealed moderate attitudes but comparatively lower knowledge and skills toward evidence-based practice (EBP). Nurses with higher educational levels demonstrated more favorable attitudes, and the main barriers identified were time constraints and limited knowledge. The study recommended systematic assessments to develop structured institutional plans, concluding that enhancing EBP knowledge and skills is critical, with education level playing a pivotal role (Koehn & Lehman, 2020).

A cross-sectional, correlational study conducted in Saudi Arabia involved a convenience sample of 227 staff nurses from four hospitals in Riyadh. The findings showed that attitudes toward evidence-based practice (EBP) were the highest among the variables assessed, followed by knowledge and implementation. EBP training and involvement in research were significantly associated with improved knowledge, and both knowledge and attitudes were

strong predictors of EBP implementation. The study recommends the development of comprehensive strategies such as continuing education and mentoring programs to promote EBP among nurses. In conclusion, enhancing nurses' knowledge and attitudes through targeted training is essential for the effective and sustained implementation of evidence-based practices in clinical settings (Alqahtani et al., 2020).

A nationwide descriptive cross-sectional survey conducted in Ghana assessed evidence-based nursing practice among clinical nurses and nurse educators across both public and private institutions. The study sampled 480 participants using a multi-stage sampling technique. The findings indicated that many nurses lacked essential skills such as formulating research questions, critically appraising evidence, and integrating research findings into their clinical practice. Key barriers to evidence-based practice (EBP) included limited time, inadequate training, and a lack of institutional support. To address these challenges, the study recommended the development of policies and educational programs aimed at promoting EBP among nurses. Additionally, it emphasized the need to enhance institutional support and improve access to research resources. In conclusion, the integration of EBP into nursing practice in Ghana is significantly hindered by a combination of individual knowledge gaps, organizational limitations, and systemic issues (Anaman-Torgbor et al., 2022).

A descriptive, cross-sectional survey was conducted in Nepal to explore perceptions and attitudes toward evidence-based practice (EBP) among nurses and nursing students. The survey targeted 273 individuals attending an EBP conference, with 121 participants completing the questionnaire. The study found that barriers to EBP implementation included lack of time, difficulty understanding research articles, and limited autonomy to apply evidence-based changes in clinical practice. The study recommends integrating EBP training into nursing curricula and providing institutional support to address the barriers. In conclusion, although positive attitudes toward EBP are evident, the findings highlight the

urgent need for educational and structural interventions to build EBP competencies among nurses and nursing students in Nepal (Karki et al., 2020).

2.3 Attitudes of Nurses Toward Evidence-Based Practice

A descriptive, cross-sectional survey conducted among 1,031 registered nurses at a large U.S. medical center (422 responded; 40.9% response rate) revealed moderate attitudes but comparatively lower knowledge and skills toward evidence-based practice (EBP). The study recommended systematic assessments to develop structured institutional plans, concluding that enhancing EBP knowledge and skills is critical, with education level playing a pivotal role (Koehn & Lehman, 2020).

A descriptive, cross-sectional survey was conducted using a convenience sample of 600 nurses from four governmental hospitals in Muscat, with 414 completing the survey. The study found that insufficient time and resources were the most commonly reported barriers to the implementation of evidence-based practice (EBP). Nurses with more years of experience demonstrated higher EBP usage, more positive attitudes, and fewer perceived barriers. Additionally, nurses holding baccalaureate degrees reported encountering fewer barriers than those with diplomas. The researchers recommend enhancing continuing education programs and reducing structural and logistical obstacles to support EBP adoption among nurses. In conclusion, the study emphasizes that greater experience and higher education levels correlate with improved EBP knowledge and attitudes, suggesting the importance of targeted educational initiatives to foster EBP competency in nursing practice (Ammouri et al., 2020).

A descriptive, cross-sectional survey was conducted in Nepal to explore perceptions and attitudes toward evidence-based practice (EBP) among nurses and nursing students. The survey targeted 273 individuals attending an EBP conference, with 121 participants completing the questionnaire. The study found that 93% of respondents had no prior EBP

training. While attitudes toward EBP were generally positive, participants exhibited limited knowledge and skills (Karki et al., 2020).

An integrative review of 37 primary research studies, most of which were descriptive cross-sectional surveys, explored nurses' readiness for evidence-based practice (EBP). The findings indicated that while nurses generally held positive attitudes toward EBP, they lacked the necessary knowledge and skills to apply it effectively in clinical settings. Key barriers identified included limited educational preparation and insufficient organizational support, both of which hindered successful EBP implementation. The authors recommended the development of robust, theoretically grounded research to design and assess interventions aimed at improving nurses' competencies in EBP. In conclusion, advancing EBP in nursing requires systematic strategies that enhance both educational preparedness and institutional support to foster consistent and effective application in practice (Saunders & Vehviläinen-Julkunen, 2020).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlined the methodological procedures that guided the conduct of the study. It described the study area, target population, research design, sampling technique and size, data collection methods, analysis techniques, ethical considerations, and limitations. These methodological elements were designed to ensure the study was carried out systematically and reliably.

3.1 Study Area

The study was conducted at Holy Family Hospital, located in Berekum in the Berekum East Municipality of the Bono Region, Ghana. Holy Family Hospital is a faith-based healthcare facility under the Christian Health Association of Ghana (CHAG) and operates with support from the Ghana Health Service. As a mission hospital, it played a vital role in complementing public healthcare delivery, especially for underserved and rural populations within the municipality and its neighboring districts.

Holy Family Hospital served as a secondary referral hospital, offering a wide range of medical services including outpatient and inpatient care, emergency care, surgical services, maternal and child health, laboratory services, pharmacy, internal medicine, and public health programs. The hospital also hosted a nursing and midwifery training college, making it a center of both care delivery and professional nursing education.

The hospital employed over 200 healthcare staff, including medical officers, nurses, midwives, pharmacists, laboratory technicians, and other support staff. Of these, registered

nurses and midwives formed the backbone of direct patient care services across various departments such as medical, surgical, pediatric, maternity, outpatient, and emergency units.

Given its high patient load, diverse care units, and nursing workforce, Holy Family Hospital was a suitable site for exploring the barriers to evidence-based practices (EBP) in nursing.

The hospital's commitment to professional development and quality assurance also made it an ideal setting for conducting research aimed at improving healthcare delivery through the integration of EBP.

3.2 Study Population

The study population consisted of registered nurses and midwives working in various units of Holy Family Hospital. These healthcare professionals were responsible for delivering patient care and were expected to apply evidence-based practices in their clinical roles. The inclusion criteria were nurses with at least one year of clinical experience at the hospital.

3.3 Study Design

A descriptive cross-sectional survey design was employed. This design enabled the researcher to assess the current state of EBP utilization and identify the barriers nurses faced at a single point in time. The design was appropriate for exploring relationships between knowledge, attitudes, and systemic barriers without manipulating variables.

3.4 Sampling Technique and Size

A convenience sampling technique was used to select participants based on their availability and willingness to participate during the data collection period. A total of 50 respondents were targeted to ensure adequate data for analysis.

3.5 Data Collection Methods and Instruments

Data were collected using a structured self-administered questionnaire. The questionnaire consisted of the following sections:

- Section A: Demographic information (age, gender, years of experience, unit, etc.)
- Section B: Knowledge and understanding of EBP
- Section C: Attitudes toward EBP
- Section D: Barriers to implementing EBP (individual and institutional)

3.6 Data Analysis Technique

Data collected were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistics such as frequencies, percentages, and means were used to summarize demographic variables and responses.

3.7 Ethical Consideration

Introductory letter was sought from the administration of Holy Family Nursing and Midwifery Training College, Berekum. Administrative permission was also obtained from Holy Family Hospital, Berekum. Participants were informed of the purpose and procedures of the study, and informed consent was obtained prior to data collection. All responses were kept confidential and anonymous, and participants were given the right to withdraw from the study at any time without penalty.

3.8 Limitations of the Study

The study was limited by potential non-response or reluctance of some nurses to participate due to busy schedules. Additionally, the use of a self-reported questionnaire may have

introduced response bias. The convenience sampling technique may have also limited the generalizability of the findings to other healthcare institutions.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Profile of Respondents

Table 1: Demographic Data of Respondents

Question	Category	Frequency	Percentage
Age	20–29	10	20.0%
	30–39	15	30.0%
	40–49	12	24.0%
	50+	13	26.0%
Gender	Male	22	44.0%
	Female	28	56.0%
Highest Level of Education	Diploma	12	24.0%
	BSc Nursing	25	50.0%
	MSc Nursing	8	16.0%
	Other	5	10.0%
Years of Nursing Experience	< 1 year	4	8.0%
	1–5 years	18	36.0%
	6–10 years	15	30.0%
	>10 years	13	26.0%

30–39 years have the highest representation, with 30% of respondents falling in this age group. This suggests that the majority of the participants are in the early to mid-career stage. 50+ years is also a significant group (26%), indicating a good mix of experienced nurses in the study. The age group 20–29 years has the lowest representation (20%), which might suggest

fewer younger nurses involved in the study, possibly due to less experience or different work dynamics. 40–49 years holds a middle position with 24%, representing a more experienced portion of the workforce. The study sample has a slightly higher percentage of female nurses (56%) compared to male nurses (44%). This reflects common trends in nursing, where women typically outnumber men in the profession. [?]BSc Nursing has the highest representation (50%), indicating that half of the participants hold a Bachelor of Science in Nursing. Diploma holders make up 24% of the sample, showing that a significant number of nurses have foundational education. A smaller proportion holds an MSc Nursing (16%), suggesting that while some nurses have advanced degrees, it's less common in this sample. The Other category (10%) could include additional qualifications or certifications, representing a minor portion of the respondents. [?]A substantial portion of respondents have 1–5 years of experience (36%), indicating that a significant number of nurses are in the early-to-mid stages of their careers. 6–10 years of experience accounts for 30%, showing that many participants are somewhat experienced. >10 years (26%) also represent a noteworthy portion of the sample, reflecting a decent amount of long-term experience. < 1 year (8%) is the smallest group, which likely includes new nurses, either still in training or fresh into the field.

4.2 Knowledge of Evidence-Based Practice

Table 2: Knowledge of Evidence-Based Practice (EBP)

Question	Category	Frequency	Percentage
Have you heard of Evidence-	Yes	50	100.0%

Based Practice (EBP)?	No	0	0.0%
How familiar are you with the concept of EBP?	Very familiar	20	40.0%
	Somewhat familiar	20	40.0%
	Not familiar	10	20.0%
EBP includes which of the following?	Use of current best evidence in clinical decision-making	45	90.0%
	Incorporating patient preferences	40	80.0%
	Applying traditional knowledge	10	20.0%
	Clinical expertise	45	90.0%
Have you received any formal training on EBP?	Yes	30	60.0%
	No	20	40.0%
Are you able to locate and critically appraise research articles relevant to your clinical practice?	Yes	25	50.0%
	No	15	30.0%
	Not sure	10	20.0%

All respondents (100%) have heard of Evidence-Based Practice (EBP), but familiarity levels vary. While 40% of respondents consider themselves "very familiar" with the concept, another 40% are "somewhat familiar," and 20% are "not familiar" with EBP. This suggests that while EBP is recognized by most, deeper understanding is uneven. The majority of respondents correctly identify the key components of EBP. 90% are aware that EBP involves "use of current best evidence in clinical decision-making" and "clinical expertise." A substantial 80% recognize that "incorporating patient preferences" is a critical part of EBP. However, only 20% identify "applying traditional knowledge" as a component, indicating less recognition of this aspect. 60% of respondents report having received formal training on EBP,

which is a positive indicator of some level of structured exposure to the concept. However, 40% have not received formal training, pointing to a potential gap in education. Half of the respondents (50%) feel confident in their ability to locate and critically appraise research articles relevant to their clinical practice. On the other hand, 30% of respondents feel they are unable to do so, and 20% are unsure, suggesting that further training or support in critical appraisal skills may be needed for some healthcare professionals.

4.3 Attitudes Toward EBP

Table 3: Distribution of Attitudes Toward EBP

Statement	Strongly Agree (SA)	Agree (A)	Neutral (N)	Disagree (D)	Strongly Disagree (SD)
EBP improves the quality of patient care	20 (40%)	15 (30%)	5 (10%)	7 (14%)	3 (6%)
I am motivated to apply EBP in my practice	18 (36%)	20 (40%)	7 (14%)	3 (6%)	2 (4%)

EBP is too time-consuming for daily practice	5 (10%)	8 (16%)	12 (24%)	20 (40%)	5 (10%)
I feel confident using EBP in clinical decisions	10 (20%)	20 (40%)	12 (24%)	5 (10%)	3 (6%)

A significant majority of respondents demonstrated a positive attitude toward EBP.

Specifically, 20 respondents (40%) strongly agreed and 15 (30%) agreed that EBP enhances the quality of patient care. This indicates that 70% of participants believe EBP contributes positively to patient outcomes. Only 14% disagreed and 6% strongly disagreed, suggesting minimal resistance to the role of EBP in improving care. A small portion (10%) remained neutral. Most respondents expressed motivation to implement EBP, with 18 (36%) strongly agreeing and 20 (40%) agreeing with the statement. Together, 76% of participants showed a clear willingness to apply EBP in clinical practice. Meanwhile, 14% were neutral, and only a small percentage (6% disagreed and 4% strongly disagreed) expressed a lack of motivation. This reflects a generally positive attitude and readiness to engage in evidence-based approaches. Opinions on the practicality of EBP were more divided. While 13 respondents (26%) agreed or strongly agreed that EBP is too time-consuming, a larger portion, 25 respondents (50%), disagreed or strongly disagreed, indicating they do not perceive EBP as overly time-consuming. However, 24% remained neutral, suggesting some uncertainty or ambivalence about the feasibility of integrating EBP into routine workflows. These results highlight a potential barrier—perceived time constraints—that could influence implementation. Confidence levels in applying EBP varied among respondents. A total of 30 (60%) participants either strongly agreed (20%) or agreed (40%) that they feel confident using EBP in clinical decision-making. However, 24% remained neutral, while 10% disagreed and 6% strongly disagreed. This indicates that while a majority feel capable, there is a notable minority who may lack confidence or require further training and support.

4.4 Barriers to Implementation of EBP

Table 4: Barriers to Implementation of EBP (N = 50)

(Multiple responses allowed)

Barrier	Frequency	Percentage (%)
Lack of time	35	70.0%
Inadequate access to research materials	28	56.0%
Lack of EBP training	30	60.0%
Limited support from leadership	20	40.0%
Resistance to change	18	36.0%
Lack of confidence in interpreting research	25	50.0%
Other (specified by respondents)	5	10.0%

Table 4 reveals that the most commonly reported barrier to implementing EBP is a lack of time, identified by 70% of respondents. This suggests that workload or time constraints significantly hinder EBP use in clinical settings.

A lack of EBP training was also frequently cited (60%), indicating that many professionals may not have received sufficient instruction or exposure to EBP methodologies. Inadequate access to research materials (56%) and lack of confidence in interpreting research (50%) further point to structural and knowledge-based challenges.

Meanwhile, limited support from leadership (40%) and resistance to change (36%) show that organizational culture and leadership involvement also influence EBP adoption. A small portion (10%) identified "other" barriers, which could include factors like technology limitations, language barriers, or personal motivation.

Table 5: Frequency of EBP Resource Use in Practice (N = 50)

Frequency of Use	Frequency	Percentage (%)
Daily	10	20.0%
Weekly	15	30.0%
Occasionally	20	40.0%
Never	5	10.0%

Table 6 shows that only 20% of respondents use EBP resources daily, while the majority use them occasionally (40%) or weekly (30%). A notable 10% never use EBP resources in their practice. These findings align with the previously mentioned barriers, suggesting that limited time, training, and confidence may be contributing to infrequent use of evidence-based resources.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter includes a brief discussion on the research process, main objectives, and findings. In this section, there was a provision of well-referenced facts in sequentially backing arguments.

5.1 Discussions

5.1.1 Knowledge of Evidence-Based Practice

The study revealed that all participants (100%) had heard of EBP, indicating high general awareness among healthcare professionals. However, deeper knowledge of EBP varied, with only 40% reporting they were "very familiar" with the concept. This aligns with previous

studies (e.g., Saunders et al., 2019), which found that surface-level awareness does not always translate into applied competence.

Moreover, while most respondents (90%) correctly identified core components such as using current best evidence and incorporating clinical expertise, fewer participants (20%) recognized the value of traditional knowledge, highlighting a gap in understanding EBP's broader dimensions. Notably, only 60% had received formal EBP training, and just half felt confident in locating and critically appraising research. This points to a crucial gap in both theoretical knowledge and practical application skills, consistent with findings by Melnyk et al. (2018), which emphasized the role of continuous professional education in improving EBP competencies.

5.1.2 Attitudes Toward EBP

Attitudes toward EBP were generally positive. Seventy percent of respondents agreed or strongly agreed that EBP improves patient care, and 76% expressed motivation to apply it in their practice. These findings are encouraging and suggest a cultural readiness for EBP integration. However, some ambivalence remains, especially regarding the perceived practicality of EBP. About one-quarter of respondents felt that EBP is too time-consuming, reflecting concerns reported in other studies (Upton & Upton, 2006).

Confidence in using EBP was moderately strong, with 60% feeling assured in their clinical decision-making. Still, a significant minority (40%) were either neutral or lacked confidence, implying a need for further mentorship and skill-building. Overall, while the attitudinal foundation for EBP exists, capacity-building remains essential.

5.1.3 Barriers to Implementation of EBP

The most frequently cited barrier was lack of time (70%), consistent with previous literature highlighting time constraints as a dominant obstacle (Kajermo et al., 2010). Other major barriers included lack of EBP training (60%), inadequate access to research materials (56%), and lack of confidence in interpreting research (50%). These findings reinforce the need for organizational investment in training, infrastructure, and resource accessibility.

Additionally, 40% of respondents noted limited leadership support, and 36% observed resistance to change, indicating that institutional culture significantly impacts EBP uptake. Only 20% of respondents reported using EBP resources daily, with most using them weekly or occasionally. This low frequency reflects the practical challenges faced by healthcare workers in integrating EBP into routine care and underscores the importance of addressing both structural and educational barriers.

5.2 Conclusions

Based on the analysis of data obtained from the field, the following conclusions were drawn:

1. Knowledge of EBP is generally present but unevenly distributed, with significant gaps in formal training and skills such as critical appraisal and practical research application.
2. Attitudes toward EBP are largely positive, indicating that most healthcare workers recognize its benefits and express a willingness to engage with it in practice.
3. Implementation of EBP is hindered by various barriers, notably time constraints, limited access to research materials, inadequate training, and insufficient organizational support.

5.3 Recommendations

Based on the findings of the study, the following recommendations are made:

1. Integrate EBP training into ongoing professional development programs, with emphasis on practical skills such as literature search, appraisal, and clinical application.
2. Allocate dedicated time and resources for EBP activities, ensuring healthcare professionals have the capacity to engage with research alongside their clinical duties.
3. Improve access to evidence-based resources, including online databases, journals, and guidelines, especially in under-resourced settings.
4. Foster a supportive organizational culture by involving leadership in promoting EBP initiatives, addressing resistance to change, and recognizing staff who implement evidence-based care.
5. Establish mentorship and peer-support systems to build confidence among staff, particularly those who are neutral or uncertain about applying EBP in clinical decision-making.

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QUESTIONNAIRE

Title: Assessment of Barriers to the Implementation of Evidence-Based Practice in Nursing Care at Holy Family Hospital, Berekum

Dear Participant,

This questionnaire is designed as part of a study to assess the barriers that hinder the implementation of Evidence-Based Practice (EBP) in nursing care at Holy Family Hospital, Berekum. Your responses will remain confidential and will only be used for academic purposes. Kindly answer the questions honestly. Thank you for your cooperation.

Section A: Socio-Demographic Information

1. Age:

☐ 20–29 ☐ 30–39 ☐ 40–49 ☐ 50+

2. Gender:

☐ Male ☐ Female

3. Highest level of education:

☐ Diploma ☐ BSc Nursing ☐ MSc Nursing ☐ Other (please specify): _____

4. Years of nursing experience:

☐ < 1 year ☐ 1–5 years ☐ 6–10 years ☐ >10 years

5. Department/Unit:

Section B: Knowledge of Evidence-Based Practice

6. Have you heard of Evidence-Based Practice (EBP)?

☐ Yes ☐ No

7. How familiar are you with the concept of EBP?

☐ Very familiar ☐ Somewhat familiar ☐ Not familiar

8. EBP includes which of the following? (Check all that apply)

☐ Use of current best evidence in clinical decision-making

☐ Incorporating patient preferences

☐ Applying traditional knowledge

☐ Clinical expertise

9. Have you received any formal training on EBP?

☐ Yes ☐ No

10. Are you able to locate and critically appraise research articles relevant to your clinical practice?

☐ Yes ☐ No ☐ Not sure

Section C: Attitudes Toward EBP

11. Please indicate your level of agreement with the following statements:

(SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree)

EBP improves the quality of patient care.

☐ SA ☐ A ☐ N ☐ D ☐ SD

I am motivated to apply EBP in my practice.

☐ SA ☐ A ☐ N ☐ D ☐ SD

EBP is too time-consuming for daily practice.

☐ SA ☐ A ☐ N ☐ D ☐ SD

I feel confident using EBP in clinical decisions.

☐ SA ☐ A ☐ N ☐ D ☐ SD

Section D: Barriers to Implementation of EBP

12. What are the main barriers to implementing EBP in your workplace? (Check all that apply)

☐ Lack of time

☐ Inadequate access to research materials

☐ Lack of EBP training

☐ Limited support from leadership

☐ Resistance to change

☐ Lack of confidence in interpreting research

☐ Other (please specify): _____

13. How often do you use EBP resources (e.g., research articles, guidelines) in your practice?

☐ Daily ☐ Weekly ☐ Occasionally ☐ Never

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Our Ref.

Your Ref.

Date June 18, 2025

The Nursing Administrator
Holy Family Hospital
Berekum
Bono Region

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final-year students of the College:

1. Obeng Angelica Darko
2. Obeng Doreen Adinkra

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study on the topic "Barriers of Evidence Based Practices in nursing care at the Holy Family Hospital, Berekum."

I would be grateful if you could assist them with any material or help they may need to accomplish the task.

Thank you.

Yours faithfully

Mr. Joseph Appiah
Supervisor
For: Principal