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Perception and Attitude of Doctors Towards The Use of Evidence-Based Medicine in Federal Medical Centres in South-West Nigeria.

[1]Onadipe O.T. & [2]Oweghoro B.M.
[1]Department of Health Information Management
Ogun State Polytechnic of Health and Allied Sciences, Ilese- Ogun State, Nigeria
[2]Department of Library, Archival and Information Studies
University of Ibadan. Ibadan, Oyo State, Nigeria
E- mail address(s): [1]funkeonadipe2016@gmail.com, [2]bmoveghoro@gmail.com

ABSTRACT

This study investigated doctors attitude and perception towards the use of evidence-based medicine in federal medical centers in south west Nigeria. In this study, systematic sampling technique was used to select doctors in the three Federal Medical Centers Southwestern Nigeria; namely, Federal Medical Center, Ido- Ekiti Ekiti State, Federal Medical Center Idi- Aba Abeokuta, Ogun State and Federal Medical Center, Yaba, Lagos State. This involved the selection from a list of staff of Doctors. Based on this, a sample size of three hundred and fifty (350) doctors, i.e. 60% was selected for the study. Three hundred and fifty (350) questionnaires were administered on medical practitioners cutting across various specialties and responses were derived from all of them. Data were analysed using the statistical package for social sciences (SPSS). Results revealed that doctors have positive perception to the practice of EBM in FMC in South-West Nigeria. This is based on the respondents agreeing that EBM practice can be better learnt on the job as against the few who agreed that EBM may be difficult to practice in the Nigerian hospitals. Findings also show that doctors have positive attitude towards the use of EBM and that doctors in the study area are knowledgeable in the use of EBM. The study recommends that training on EBM should be organised for doctors to update their skills in the Federal Medical Center of South- Western of Nigeria as this will lead to the provision of current medical resources and facilities, and the effective use.

Keywords: Evidence- Based Medicine, Perception, Attitude of Doctors, Care providers, Nigeria, EBM, Federal Medical Center.

Aims Research Journal Reference Format:
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1. INTRODUCTION

Evidence is the basis for almost every human decision and action. A field like the medical profession that deals with the health and lives of individuals must ensure the utmost care in diagnosing and treating a patient. To provide incorrect treatment can be devastating, Evidence- based medical practice however helps ensure that the right treatment is given to the right patient. This does not mean that physicians treat their patients without any foundation. Almost every physician bases his/her treatment on the knowledge and experience he/she has already gained. But keeping oneself up- to- date on current information and knowledge is indispensable. New diseases, new techniques, and new methods keep emerging by the day. Except physicians keep themselves abreast of the latest developments, they may not be in a position to render the most effective and efficient services.(Horwitz et al., 2018).

The practice known as Evidence- Based Medicine (EBM) is the explicit, judicious and conscientious use of current best evidence from health care research in making decisions about the care of individuals and populations, (Wivel et al, 2017). The credo of Evidence- Based Medicine is that physicians, whether serving individual patients or populations, should always seek the best possible evidence on which to base their decisions, (Oladiwaya et al, 2024). It uses real data to help determine the best mode of treatment for patients. It often requires young physicians to question treatments that they have been taught and to think outside the box. It also integrates expertise at the clinical research level, using physician knowledge and recorded patient outcomes to help make treatment decisions.

A crucial justification in the practice of Evidence- Based Medicine is that the physician is expected to be aware of relevant research for health problems. This awareness to obtain research results should be generally available and individual physicians must have full access to it in order to meet their professional expectations satisfactorily. Without this, a substantial part of medical practice would rely on practitioners' personal experiences, resulting in large variations in practice among health care providers. There should therefore be a series of uniform approaches that would work in solving a given problem and the physician should be able to take a decision regarding a case at hand based on adequate information.

Evidence- based medicine (EBM) was introduced in the early 90s as a new paradigm in the teaching and practice of medicine, deemphasizing unsystematic clinical observations and pathophysiological rationale (Triposkiadis & Brutsaert, 2025). Its main proponents recognized the value of traditional medicine but emphasized the need for new skills formulation of well- structured questions, search for the best available evidence, and critical interpretation of the design and execution of studies, as well as results. Evidence- Based Medicine has since developed tremendously, promoting fundamental advances in accessing and understanding information, improving the development of pre- appraised information products and fostering the role of patients' values and preferences in clinical practice (Ogunlesi, 2019).

Several studies have explored the use of EBM by physicians around the world and found that physicians' belief in its importance and its introduction has improved the medical care, reduced clinical malpractice and protected the patient rights (Ogunlesi, 2019). In Nigeria, consultants in the teaching hospitals appeared not to have the high level of EBM consciousness and awareness that would be expected of them, although there is a consciousness that EBM will foster ease of access and promote equity in health care services (Nwagwu, 2008). In Nigeria, primary health care is to be provided by Local Governments, secondary health care by State Governments and tertiary health care, which consists of highly specialised services, by the Federal Government. In operationalising this policy, the Federal Government decided to establish at least one tertiary health institution in each State of the Nigerian Federation. Federal Medical Centres (FMCs) were established nationwide in states that do not have Federal University Teaching Hospitals present. This category of health institutions were to provide highly specialised services along with teaching and special hospitals.

2. RESEARCH OBJECTIVE

Traditionally care providers would rely on the training they got in the medical schools, experience during practice and intuitions to treat a patient. However as new diseases, new techniques, and new methods keep emerging by the day care providers must keep themselves abreast of the latest developments in the medical practice to be in a position to render the most effective and efficient services to their patients. Evidence- Based Medicine (EBM) is the explicit, judicious and conscientious use of current best evidence from health care research in making decisions about the patient care rather than depending solely on past experience.

The study therefore aimed at assessing the perception, knowledge and attitude of medical doctors on the use of Evidence- Based Medicine in FMCs South West Nigeria. Attempt was also be made to find out the perceived problems to the use of EBM in FMCs

i. What is the perception of doctors on EBM in FMC South West Nigeria?
ii. What is the level of use of EBM by doctors in FMC South West Nigeria?
iii. What is the attitude of doctors towards the use of EBM in FMC South West Nigeria?
iv. What are the perceived problems affecting the use of EBM in FMC South West Nigeria?

3. METHODOLOGY

The descriptive survey research design was used for this study. The variables of the study are perception of doctors to evidence based medicine, attitude, knowledge of doctors towards evidence based medicine, and use. The population for this study included medical doctors in the three Federal Medical Centres in South Western, Nigeria. The hospitals were Federal Medical Centre, i- Aba Abeokuta Ogun State, with a total number of one hundred and sixty (160) doctors, Federal Medical Centre, Yaba, Lagos State with a population of one hundred and twenty (120); doctors and the Federal Medical Centre, Ido- Ekiti, Ekiti State with a total number of three hundred (300) doctors. The total population for the study was five hundred and eighty (580) doctors. The systematic sampling technique was used to select doctors in the three Federal Medical Centres. Based on this approach, a sample size of three hundred and fifty (350) doctors, (i.e. 60%) was selected for the study. The instrument used for data collection was a self- structured closed ended questionnaire. The completed questionnaires were collected, coded and analysed using both descriptive and inferential statistics with the aid of SPSS software.

Results and Discussions

Research Questions 1

What is the Perception of Doctors on EBM in FMC South West Nigeria?
Respondents were asked to express their perception towards the use of EBM for effective patient care.

Table 1: Perception of Doctors on EBM Practice

SN	Variable on Use of EBM	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
1	I hold the opinion that EBM is necessary for effective patient treatment	118 33.7%	94 26.9%	53 15.1%	85 24.3%	2.70	1.172
2	I think EBM can improve patient care	84 24.0%	88 25.1%	113 32.3%	65 18.6%	2.55	1.050
3	Evidence Based Medicine cannot replace clinical experience	83 23.7%	89 25.4%	66 18.9%	112 32.0%	2.41	1.166
4	Evidence Based Medicine would not compliment clinical experience	111 31.7%	103 29.4%	85 24.3%	51 14.6%	2.78	1.048
5	Literature and research findings may be useful in the practice of EBM	150 42.9%	111 31.7%	28 8.0%	61 17.4%	3.00	1.100
6	There may be need to increase the use of evidence based medicine in daily practice	189 54.0%	124 35.4%	24 6.9%	13 3.7%	3.40	0.775

SN	Variable on Use of EBM	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
7	EBM could places more clinical demand on the service of doctors	178 50.9%	96 27.4%	49 14.0%	27 7.7%	3.21	0.956
8	Adoption of EBM could places additional responsibilities on the service of doctors	155 44.3%	125 35.7%	48 13.7%	22 6.3%	3.18	0.895
9	I think it is a good practice but slows down overall treatments process.	76 21.7%	105 30%	78 22.3%	91 26.0%	2.47	1.099
10	I see EBM as necessary tool for effective patient treatment	136 38.9%	119 34.0%	6 1.7%	89 25.4%	2.86	1.187
11	EBM practice can be better learnt on the job	131 37.4%	131 37.4%	24 6.9%	57 16.3%	2.92	1.128
12	EBM may be difficult to practice in the Nigerian hospital settings.	188 53.7%	135 38.6%	6 1.7%	5 1.4%	3.35	0.949
13	EBM could yet be another good thing happening to medical practice	172 49.1%	138 39.4%	1 .3%	23 6.6%	3.22	1.060
14	EBM could bring about quick knowledge update	130 37.1%	116 33.1%	41 11.7%	48 13.7%	2.85	1.185
15	Cost of patient care can be reduced by practicing EBM	90 25.7%	165 47.1%	37 10.6%	43 12.3%	2.78	1.093

From table 1 the 60% of the doctors are of the opinion that EBM is necessary for effective patient treatment, 49% believe that EBM can improve patient care, while 49% indicated that the practice cannot replace clinical experience, and 61% held the view that EBM would not compliment clinical experience. 71% of the doctor that responded indicated that EBM could place more clinical demand on the service of doctors while 90% agreed the adoption of the practice could places additional responsibilities on the service of doctors. About 72% of respondents perceived EBM as necessary tool for effective patient treatment, 52% saw it as good practice but slows down overall treatments process. While 93% of the respondents feel EBM may be difficult to practice in the Nigerian hospital settings, 78% of agreed the practice can be better learnt on the job.

Research Questions 2

What is the level of use of EBM by doctors in FMC South West Nigeria?

Respondents were requested to assess the factors that could encourage the use and the level of use of EBM during patient care in their hospital.

Table 2: Factors that encourage doctor's use of Evidence Based Medicine in patient treatment

SN	Variables on level of Use of EBM	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
1	There is regular internet connection for EBM use	25 7.1%	42 12.0%	249 71.1%	34 9.7%	2.17	.690
2	There are access to online practice guidelines for EBM	11 3.1%	61 17.4%	266 76.0%	12 3.4%	2.20	.542
3	There are access to online database at my work place	1 .3%	35 10.0%	251 71.7%	63 18.0%	1.93	.535
4	There are access to online database away from work place	1 .3%	47 13.4%	260 74.3%	42 12.0%	2.02	.516
5	Regular clinical meetings to update medical knowledge	12 3.4%	41 11.7%	250 71.4%	47 13.4%	2.05	.622
6	Literature and research findings are useful tools in the practice of EBM	12 3.4%	64 18.3%	248 70.9%	26 7.4%	2.18	.603
7	I review related literature as tools for the practice of EBM	11 3.1%	66 18.9%	193 55.1%	80 22.9%	2.02	.737
8	I use research findings as useful tools in the practice of EBM	11 3.1%	65 18.6%	193 55.1%	81 23.1%	2.02	.738
9	There are relevant journals on EBM practice.	12 3.4%	57 16.3%	247 70.6%	34 9.7%	2.13	.617
10	Hospital management make medical Journals available on regular bases	12 3.4%	51 14.6%	271 77.4%	16 4.6%	2.17	.549
11	Access to paper journals on EBM are easy	11 3.1%	51 14.6%	288 82.3%	0 0%	2.21	.478
12	There are relevant practice guide on EBM available for doctors	32 9.1%	262 74.9%	45 12.9%	11 3.1%	2.10	.580
13	The hospital management encourage doctors to critically evaluate their diagnostic or therapeutic plans	34 9.7%	254 72.6%	52 14.9%	10 2.9%	2.11	.591
14	EBM is not difficult to practice in Nigerian Hospitals	7 2.0%	51 14.6%	237 67.7%	55 15.7%	2.03	.619

Results from table 2 reveal that there are no regular internet connection for EBM use (81% of the respondents), 80% indicated that there are no access to online practice guidelines for 8M, 89% of the respondents indicated that they do not have access to online data base at work place while 86% do not have access to online database away from work place. 85% of respondents indicated that there are no regular clinical meetings to update medical knowledge while only 12% of the respondents agreed that they review related literature as tools for the practice of EBM. The respondents, (82%) indicated that Hospital management does not make medical Journals available on regular bases, there are no relevant journals on EBM practice and disagreed that access to paper journals on EBM are easy. About 82% of the doctors indicated that their hospital management encourages doctors to critically evaluate their diagnostic or therapeutic plans.

Research Question 3

What is the attitude of doctors towards the use of EBM in FMC South West Nigeria?

The respondent's attitude towards the use of EBM in FMC South Western Nigeria was also examined.

TABLE 3: Doctors attitude towards the use of EBM in patient treatment.

SN	Variable on Attitude	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
1	I will not replace the traditional clinical experience with EBM in patient treatment	193 55.1%	66 18.9%	22 6.3%	69 19.7%	3.09	1.182
2	I will rather see EBM practice as complimenting the traditional clinical experience	121 34.6%	124 35.4%	40 11.4%	47 13.4%	2.81	1.195
3	EBM practice has assisted me to adopt literature and research findings as useful tool in clinical practice	106 30.3%	153 43.7%	58 16.6%	33 9.4%	2.95	.920
4	There is the need to increase the use of EBM in daily clinical practice	111 31.7%	204 58.3%	33 9.4%	2 .6%	3.21	.625
5	EBM practice may have placed more demand on me but outcome justifies the trouble	136 38.9%	205 58.6%	3 .9%	6 1.7%	3.35	.589
6	I have a negative attitude towards the full adoption of EBM practice in patient care	157 44.9%	144 41.1%	32 9.1%	17 4.9%	3.26	.818
7	I prefer using EBM approach even though it slows down treatments process.	94 26.9%	152 43.4%	53 15.1%	51 14.6%	2.83	.988
8	I advocate that EBM practice be fully integrated into clinical practice.	71 20.3%	215 61.4%	43 12.3%	21 6.0%	2.96	.752
9	EBM should be taught in the medical school for better orientation	148 42.3%	161 46.0%	23 6.6%	18 5.1%	3.25	.795

Table 3 shows the rating of response of doctor's attitude on use of EBM approach in patient care. Most of the doctors (76%), indicated that they will not replace the traditional clinical experience with EBM practice in patient treatment but rather see EBM practice as complimenting the traditional clinical experience. The respondents (78%) agreed that EBM practice has assisted them to adopt literature and research findings as useful tool in clinical practice and that there is the need to increase the use of EBM in daily clinical practice. Almost all the respondents (98%) are of the opinion that EBM practice may have placed more demand on them out the outcome justifies the trouble. 85% of the respondents indicated that they have a negative attitude towards the adoption of EBM practice in patient care with 70% of the respondents preferring the use of EBM approach even though they claim the practice slows down treatments process. 82% of doctors that responded agreed that EBM practice be fully integrated into clinical practice with 88% suggesting that the practice be taught in the medical school for better orientation.

Research Questions 4

What are the perceived barriers militating against the use of EBM in FMC South West Nigeria?
Respondents were ask to indicate their view on perceived barriers to the use of EBM in FMC South Western Nigeria.

Table 4 Perceived barriers to the use of EBM.

SN	Variables on perceived Barriers	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
1	Patients overload	9 2.6%	62 17.7%	37 10.6%	242 69.1%	1.54	.871
2	Lack of free time to access evidence online	5 1.4%	157 44.9%	116 33.1%	72 20.6%	2.27	.800
3	Libraries in the hospital are poor in resource on finding evidence	137 39.1%	194 55.4%	2 .6%	17 4.9%	3.29	.714
4	Un co-operative nature of patient	56 16.0%	288 82.5%	1 .3%	4 1.1%	3.13	.438
5	Lack of relevant evidence available to every clinical situation encountered.	9 2.6%	64 18.3%	153 43.7%	124 35.4%	1.88	.792
6	EBM is a new concept that is still being studied	83 23.7%	144 41.1%	60 17.1%	63 18.0%	2.71	1.022
7	Lack of formal training of doctors on the use of EBM.	74 21.2%	212 60.6%	45 12.9%	19 5.4%	3.00	.810
8	EBM removes the "art" from medicine	48 13.7%	77 22.0%	64 18.3%	161 46.0%	2.03	1.109
9	EBM de- emphasizes history taking and physical examination skills	42 12.0%	94 26.9%	136 38.9%	78 22.3%	2.29	.945
10	Fear of unknown	68 19.4%	87 24.9%	77 22.0%	118 33.7%	2.30	1.130
11	Limited resources and facilities on the internet	104 29.7%	107 30.6%	55 15.7%	84 24.0%	2.66	1.254
12	Doctors conservativeness to practice	57 16.3%	136 38.9%	112 32.0%	45 12.9%	2.59	.881
13	Inability of power supply in the hospitals	123 35.1%	114 32.6%	42 12.0%	71 20.3%	2.83	1.126
14	EBM is strange to medical practice	55 15.7%	117 33.4%	126 36.0%	52 14.9%	2.50	.919
15	Doctors resistance to new changes in practice	39 11.1%	66 18.9%	171 48.9%	74 21.1%	2.20	.908
16	Lack of time to access online	59 16.9%	127 36.3%	50 14.3%	114 32.6%	2.37	1.139

Table 4 revealed the perceived barriers to Evidence based medicine practice in South Western Nigeria, the table revealed that 98.5% agreed that uncooperative nature of patient is a major barrier, 94.5% agreed that libraries in the hospitals are poor in resources on finding evidence, 81.8% also agreed to lack of formal training of doctors on the use of EBM. 68% of respondents agreed that inability of power supply in the hospitals is a barrier, 79.7% disagreed that patient overload is a barrier to the practice of EBM.

Lack of relevant evidence available to every clinical situation encountered was also disagreed to by 79.1% of respondents, 64.8% agreed that EBM is a new concept that is still being studied. Meanwhile above 60% disagreed that EBM remove the art from medicine (medical practice) and that EBM de- emphasize history taking and physical examination skills. However, 60.2% agreed to the fact that limited resources and facilities on the internet is a barrier. Well over 50% disagreed that doctors conservativeness to practice, fear of unknown, that EBM is strange to medical practice, that doctors resistance to new changes in practice, and finally that it is lack of time to access online are major barriers to EBM use in Federal Medical Center in South West Nigeria.

4. DISCUSSION

This study assessed the knowledge, perception and attitude of doctors towards the use of EBM. A major finding of this study revealed that doctors have a positive perception to the practice of EBM in FMC in South Western Nigeria. This can seen in table 1 where majority of the respondents (72%), perceived that EBM is a necessary tool for effective patient treatment and can be better learnt on the job (75%), while a very high percentage (73%) agreed that EBM may be another good thing happening to medical practice, bring about quick knowledge update (70%), necessary for effective patient treatment, and can improve patient care. This is in line with Oluwadiya et al (2024), whom were of the opinion that the main reason for using EBM is to improve the care delivered to patients. They went further to explain that doctors and other health professionals use both individual clinical expertise and the best available external evidence and neither alone is enough.

The second finding from table 2 revealed that the level of doctor's use of EBM in South West Nigeria may be below average as majority of the doctors (80%) indicated that there are no access to paper journals on EBM, 81% indicated there are no regular internet connection; 80% indicated they do not access to online database on EBM both at work place and at home; also there are no relevant practice guide on EBM (75%) available for doctors use in their hospital. In addition, 77% of the respondents claimed they do not review related literature as tools for the practice of EBM. We conclude based on these findings that the low of EBM will be low among doctors in FMC south West Nigeria. Vahideh and Vangari, 2008 had explained that except physicians keep themselves abreast of the latest developments, they may not be in a position to render the most effective and efficient services.

The third finding showed that doctors' attitude to use of EBM is positive. The doctors indicated that EBM should be included in the medical school curriculum and that EBM may place more demand on doctor's outcome to justify the trouble with those with positive attitude towards the adoption of EBM in patient care. EBM should be taught in the medical school for better orientation and EBM could be better learnt on the job. There is the need to increase the use of evidence based medicine in daily clinical practice and EBM brings about quick knowledge update. EBM will not be used to replace the traditional clinical experience and finally will rather see EBM as complimenting the traditional clinical experience. This findings supported by a similar survey by Bello et al (2020) of resident doctors in four Nigerian teaching hospitals found that attitudes towards EBM were generally positive, with the majority understanding the components of EBM.

Finally, the study showed that among all barriers to Evidence Based Medicine practice in FMC South West Nigeria, poor resource on findings of evidence in hospitals libraries (95%) constitute a major barrier, followed by uncooperative nature of patients (89%). Lack of formal training of doctors on the use of EBM (82%) and the claim that EBM is a new concept that is still being studied (65%) was also found to be a key barrier.

Lack of formal training of doctors on the use of EBM, limited resources and facilities on the internet, and doctor's conservativeness to practice were found to be factors contributing to barrier to the use of EBM. and other health professionals use both individual clinical expertise and the best available external evidence and neither alone is enough.

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Finally, the study showed that among all barriers to Evidence Based Medicine practice in FMC South West Nigeria, poor resource on findings of evidence in hospitals libraries (95%) constitute a major barrier, followed by uncooperative nature of patients (89%). Lack of formal training of doctors on the use of EBM (82%) and the claim that EBM is a new concept that is still being studied (65%) was also found to be a key barrier. Lack of formal training of doctors on the use of EBM, limited resources and facilities on the internet, and doctor's conservativeness to practice were found to be factors contributing to barrier to the use of EBM.

In view of the result of this study the following were recommended:

1. training on EBM should be given to doctors to update their skills in the Federal Medical Center of South- Western of Nigeria.
2. In- depth training on EBM practice should be emphasized in the medical school curriculum to equip doctors on the practice.
3. there is the need to increase use of EBM in daily practice of patient care.
4. patients should be enlightened on the importance of Evidence- Based Medicine for maximum cooperation and effective practice and finally.
5. that resources and facilities on the internet should be made available to doctors to enhance the smooth operation of Evidence- Based Medicine.

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