

Nursing Staff Awareness About Evidence Based Practice: Facilitations, Barriers and Beliefs

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ABSTRACT

The nursing profession, as an integral part of health care, undergoes several ways of improving its quality within the humanistic philosophical framework adopted by the WHO. The practice of nursing is not bound by certain prospects, but rather it takes on a wide range of initiatives focused on evidence-based nursing options. It is necessary for nurses to acquire knowledge and skills and to integrate research findings into care practices. Evidence-based research has led to substantive changes in health care in recent years. The considerable differences in patient outcomes can also be ascribed to advances. Moreover, patient recovery speed is more remarkable when those results are also practiced.

KEYWORDS: nursing, healthcare, practice.

1. Introduction

The nursing profession, as an integral part of health care, undergoes several ways of improving its quality within the humanistic philosophical framework adopted by the WHO. The practice of nursing is not bound by certain prospects, but rather it takes on a wide range of initiatives focused on evidence-based nursing options. It is necessary for nurses to acquire knowledge and skills and to integrate research findings into care practices. Evidence-based research has led to substantive changes in health care in recent years. The considerable differences in patient outcomes can also be ascribed to advances. Moreover, patient recovery speed is more remarkable when those results are also practiced.

However, rather few patients benefit. Nursing staff must get to grips with evidence-based practice in their education. Despite attempts to encourage educational reforms

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aimed at incorporating knowledge and evidence-based practice into the required competencies of health professionals, the findings may be disappointing to the reformers' high expectations, and the profession of nursing is no exception. According to some arguments, the bulk of nurses receive no more than basic services in their day-to-day practice. As a result, the influence of evidence-based practice education is limited; the low awareness levels are reflected in nurses' attitudes and their practices towards evidence-based practice. It is crucial to determine the effectiveness of evidence-based practice on the basis of awareness, as it is theorized to impact company and patient outcomes by establishing nursing staff behavior and providing patient care. Numerous variables are likely to involve knowledge about evidence-based practice, and some are easier to affect. Given this background, the relevance would be in detecting current knowledge and estimating the significance of facilitating factors, obstacles, and convictions concerning evidence-based practice.

1.1. Background and Rationale

A contemporary issue in the nursing community is the limited awareness about evidence-based practice (EBP). Literature has demonstrated that facilitators and barriers related to the awareness, attitudes, or practice of EBP necessitate due attention to explicit learning and cognitive components. Today, the vast volume of data and the changing care demands of healthcare trigger the necessity of increasing the focus on EBP in both nursing practice and education. Nurses directly or indirectly have to engage in decision-making regarding various care alternatives, and usually, policymakers make it mandatory for the practice of nurses to adhere to clinical guidelines. Preventing unwarranted variations in care and enhancing clinical performance is possible to an extent by applying the principles of EBP for de-applying therapies. In addition, educational programs seem to be influential in shaping the beliefs, perceptions, and the subsequent ability of the nurses to engage in steady EBP behaviors.

The healthcare landscape has been changing over decades, and so have the roles of nurses. With the changing dimensions, the aspects of nursing have been transforming as well. The assessment protocols, treatment modalities, and even the policy perspectives regarding nursing care that were prevalent decades ago now appear obsolete. Continuous learning and updating knowledge are vital for survival in today's healthcare environment, and indeed it is detailed in the principles of professional conduct as mentioned by nursing regulatory bodies. The knowledge that nurses acquire through formal education or presented experiences helps them while they make clinical decisions concerning direct patient care to prevent complications such as pressure ulcers. A growing body of evidence suggests the vital role of nursing staff in the betterment of health outcomes for patients, and that these outcomes are directly related to nursing practice.

1.2. Aim and Objectives

Topic: Nursing staff awareness about evidence-based practice: facilitation, barriers, and beliefs

Aim The aim of the study is to determine the nursing staff's awareness about

evidence-based practice (EBP) by identifying the facilitations, barriers, and their beliefs in work settings in this respect. This may provide an overview of the feasibility of conducting EBP in this clinical setting.

Objectives - To explore the nursing staff's beliefs about EBP and their alignment with evidence-based practices. - To explore the nursing staff's facilitations that may promote the EBP implementation in the hospital unit of interest. - To explore the barriers that impede the EBP implementation in the clinical setting. - To explore the fears and beliefs of the nursing staff in connection with the risk of adopting EBP. - To identify the necessary resources that may assist in conducting EBP. - To identify the necessary investments that are to be covered in developing the EBP culture. - To perform a comparison of nursing staff beliefs in two hospital units that have distinct or resembling contexts regarding the main nursing patient-related features. - To perform a comparison of the nursing staff resources needed in the two units. - To crosslink nursing staff beliefs with the resources available for adopting EBP. - To discuss a number of BSc curricular phenomena in the field of the above-displayed results, to search for a correlation between a BSc curriculum of higher quality and the degree of agreement of nursing students with EBP integration in clinical fields.

2. Understanding Evidence-Based Practice (EBP)

Evidence-based practice (EBP) refers to using the best available evidence that stems from one or a combination of research, clinical expertise, and patient preferences, values, or circumstances to improve patient or population outcomes and healthcare quality. EBP is grounded in a few key principles. It acknowledges that evidence of varying quality should play a role in clinical decision-making. The terms “clinician-directed research” and “quality practice” underscore that EBP is less about following rigid sets of standardized procedures that exclude patient needs and more about finding unique, meaningful care plans that work for individual patients in collaboration with their preferences and in consideration of available aggregate data. EBP advocates for considering and effectively integrating empirical, evidence-based, and experiential knowledge in practice.

The process of EBP has been articulated in a variety of models but generally follows three main components. The first is converting practitioner knowledge needs into answerable, searchable clinical questions. The second component involves searching for and evaluating evidence from a systematic review followed by research studies or other evidence that presents experimental evidence when possible. The last step involves taking the best empirical evidence that can be obtained, clinical expertise, and patient values and preferences to make clinical decisions. The ultimate goal of practicing EBP is to utilize the best possible evidence to provide care that reverberates in improved patient outcomes.

2.1. Definition and Principles

Evidence-Based Practice (EBP) is a simple but innovative concept that has begun to influence the formulation of health care policy and practice guidelines in many developed countries and is a central factor in the delivery of high-quality health care in the clinical environment. Evidence-Based Medicine (EBM) is described as the

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conscientious, explicit, and judicious use of best evidence in making decisions about the care of individual patients. There is a wealth of literature on the subject of EBP, including critiques and modifications of the model since its inception. The principles of EBP have been summarized from the guidelines that have been proposed for the teaching of EBM to practitioners. These principles may be seen to serve as a key set of values and beliefs that many practicing clinicians of different healthcare professions have come to understand as serving as a framework that guides their clinical decision-making and practice.

EBP is the integration of best research evidence with clinical expertise and patient values to make clinical decisions, which will benefit well patients and prevent patients from developing complications. Evidence-based practice has its roots in evidence-based medicine and, like evidence-based medicine, assumes that good quality medical care is based on sound clinical data. EBP has strengths and weaknesses; however, the advantages include empowering all health care staff, such as nurses, by helping them to keep abreast of up-to-date knowledge. A systematic approach is utilized to determine the utility and applicability of evidence for inclusion in clinical guidelines and is suggested as a solution to the ongoing challenge of the utility of research in real health care settings. Removing barriers to facilitation and beliefs of EBP may encourage utilization by nursing staff.

2.2. Importance in Nursing

Evidence-based practice (EBP) in the nursing field is critically important. It increases the quality of patient care through informed decision-making, as nurses need to offer clients the "best practices" available based on reputable evidence. When nursing staff rely on evidence-based care, they improve patient outcomes and implement more efficient diagnoses. Furthermore, acute care utility is minimized when evidence-based care is reliable. Clients, teams, and organizational performance improve as a result of evidence-based nursing care. In nursing degree and continuing growth sessions, EBP is necessary information. Nurses would require academic services to assist them in obtaining current information that can be applied to patient care. Some nurses with just novice nursing experience are not even aware of how to browse for research after all the toolkit education. (Connor et al.2023)(Melnyk & Fineout-Overholt, 2022)(Alatawi et al.2020)

There should be a culture of inquiry and an important thought among the nursing staff. This method questions the nursing staff and the healthcare operations that affect patients and organizational success. The use of EBP in emergency care is critical, as the evidence-based methods are crucial to the reconfirmation of the nursing occupation. Evidence-based practice increases nursing professionalism in patient care. The use of assessment outcomes, nursing treatments, and results of analysis can boost nursing trust. EBP frequently indicates how the organization works for graduate nurses and the approach they are taking. The nursing field may shift the standards of healthcare after identifying the "best practices" for emerging evidence. On a yearly basis, new technological results are expected.

3. Facilitations of EBP Awareness Among Nursing Staff

There are numerous facilitations that enhance awareness of evidence-based practice. Nursing staff members who were encouraged by the facilitators were confident in the application of evidence-based guidelines. Fundamental strategies to make evidence-based practice transparent include establishing libraries, creating clinical practice guidelines, providing educational programs and workshops, using experts, and promoting access to journal articles and databases. Educational programs that use interactional or group presentations improve knowledge of evidence-based medicine compared to solitary presentations. Only four of the twenty-three studies reviewed demonstrated an impact resulting from an education or skill development program alone. The nursing profession is encouraged to always evolve its expertise and skills, and education sessions are just one step on the way. Strategies to encourage the creation of evidence-based practice expertise are needed, as are tactics for evaluating knowledge and abilities.

Adequate resources should be provided to allow nurses to access the best literature and databases. Accessible access to the literature and databases influences knowledge acquisition, and the evidence-based practice process can be improved by the utilization of internal and other resources. To move along the pathway to evidence-based practice, numerous managers or assignments are available due to the capacity to pursue career research interests or their own evidence-based practice. Collaborative practice is needed with organizational support such as guiding nursing practice, being involved in clinical questions or assignments, and belonging to an evidence-based team or journal club. One of the essential tools that have been established to promote evidence-based practice culture is the use of mentorship or expert nurses to help direct novices on when to seek research in clinical practice. Other facilitators that encourage nursing staff to adopt evidence-based practice as usual practice are the organization sponsors together with organizational culture that strongly supports evidence-based learning and applications.

3.1. Educational Programs and Workshops

highlight the significance of modifying the culture of care by specifying the need to offer suitable training to enhance scientific abilities in the area of youth offending. suggest that such training sessions can guide staff in devising strategies and decision-making. Many educational programs and training initiatives have been developed to generate changing levels of knowledge about and/or skill in using evidence-based practice among a range of healthcare professionals, student nurse populations, and across a variety of settings. In studying whether an educational program effectively assisted staff in using evidence-based practice, found an increase in nursing staff's knowledge of evidence-based practice and its relevancy, but no change in attitudes post-training. Educational intervention for licensed practical nurses in a study comprised two e-learning modules, five one-hour face-to-face workshops, and access to a library of articles. Results exhibited a significant increase in the skills of licensed practical nurses and their management to access and introduce research in the workplace. The skills identified as showing significantly increased utilization in a target group of laboratory, print, radio, social media, and website were in 'integrating evidence', 'documentation', 'understanding', and 'keeping up to date'. (Slavin,

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2020)(Gorsuch et al.2020)(Schmitz et al.2021)

In contrast to these interactive programs, appraised a training package as fundamentally an online learning provision for entry-level primary care nurses. An initial evaluation from the nurses themselves suggested the education package was relevant to a diversity of nursing staff and in different care settings. Whether or not staff are evidence-based practice aware, educational programs and workshops have the potential to transform the nursing professional's skill set. Inclusion of case studies or interactive seminars with professionals or researchers also proved to be effective in helping staff become more adept at considering evidence, but also to gain practice-based confidence in therapeutic tools. This facet is important as it is believed that the level of engagement differs between different educational interventions and warrants evaluation. Some programs are presented in an on-campus setting, leading to a more participative and practical element to researching in a healthcare unit. Evidence-based research is predominantly being delivered as seminars and workshops to further stimulate lasting interest and commitment to evidence-based practice. emphasize the importance of linking evidence-based practice to clinical standards and histological models, and the departmental educational initiatives are offered to support such training to raise awareness. This would also imply that continuous professional development hones existing skills, as well as offering new skills to staff not employed in a continuous system of engagement in evidence-based practice with the aim of sustaining the change and making it long-term. The professional development of nurses is continually advancing, and many institutions and employers are running perfunctory student, consultancy, and apprenticeship schemes. The generic competencies for nurses in educational programs incorporate evidence-based research.

3.2. Access to Resources

Facilitation: Easy access to research articles was one of the earliest suggestions for best practice, which makes the research a crucial end product of the kind of evidence-based practice (EBP) that the RNs in our study propose. The real and perceived availability of evidence in the form of research articles, databases, clinical guidelines, etc., can impact the extent to which nursing staff feel confident or motivated to use EBP. Some barriers that impact information and research awareness are those imposed by the health or university library, the convenience of access, e.g., 24-hour access, and inter-library loans. Staff have issues with specific databases, its limited use in the clinic, and coverage of different domains. Technological integration is required so that there is true and equal access to information across networks and PCs. Reliability and validity of research methodology used in an article should be available at a glance so that findings from a study can be used with some confidence or caution. 'Some form of checking for reliability [would be helpful] before you start to use them; to know whether what you are reading is a load of rubbish or not'; and it was suggested by this participant that 'peer appraisal' would be ideal. Within this, barriers around access to electronic databases and technology were also highlighted as problematic. Summary: Our findings pointed to the importance of accessibility to resources as part of the facilitative aspect that enables

the taking of EBP further in the hospital context. People within the organization who have been involved in pursuing the agenda of getting quality evidence up and available are encouraged by these kinds of responses, as this signposts an early impact of EBP initiatives that target resources. Suggestions from our respondents were consistent with the themes of access and time; consequently, a 24-hour information service was proposed to cater to all work shifts. As part of a future facilitation challenge, RNs should have access from anywhere in the hospital, thereby encouraging a usage pattern that is not restricted to within the library. The last issue to emerge relates to the importance of making a greater effort to raise awareness of this service that could indeed speed up the EBP process if accessed by increased numbers of staff. This could also partially address the issue of time, from the point of view of the time staff take to look for evidence. Furthermore, if staff are made aware of this prompt advice service, why go to the library and waste more time than necessary? Staff shared by diffusion could be targeted as a subgroup first, providing the opportunity to report an experience of going through a news-sharing process, possibly prompting further discussion and individual or collective motivation in relation to using PEP to find a patient/practice-related answer. (Cheung et al.2024)(El Said, 2021)

4. Barriers to EBP Awareness Among Nursing Staff

There are many significant interests in the domain of nursing care; the most significant is the staff nurse practice based on evidence. The staff nurse uses a variety of sources to know more about the caregiving activities. A significant interest is noticed in learning about medicines, psychological thought processes, and the use of technology. The results confirmed the slow pace of awareness about evidence-based practice. Furthermore, simultaneously with the education process, the staff nurse also needs to understand the misconceptions about evidence-based practice. Barriers and facilitators to the use of evidence-based practice have been identified as interesting areas for exploration.

Lack of resources and time in clinical settings are barriers to engaging in research activities to complement practice. There are many nurses exiting the profession due to stress and heavy workloads. In addition, psychological obstacles make nurses passive. Research engagement on hospital wards shows that nursing staff have negative attitudinal dispositions towards research. There are those who are resistant to the change that evidence-based practice heralds due to the current nursing culture. Complex organizational structures also hinder the evidence-based practice mission. There are still many nursing phenomena that have not been quantified. Staff nurses are confident and hence ignore research and evidence-based practice to back up their practices. Additionally, the generalizability of research findings fails when they are principally conducted in certain societies. The differential education of student nurses in different institutions fails to provide the opportunity for using evidence-based practice. The non-availability of guidelines making it easier and influencing change, the lack of team effort and leadership at the unit and hospital level, as well as geographical distances, are also contributing factors to the non-introduction of evidence-based practice.

4.1. Lack of Time and Resources

One of the primary practices highlighted was the lack of time to engage in evidence-based practice research activity. Given the high patient load and acuity, time constraints were reported as a major barrier to engagement in EBP. Constraints included clinical practice and administrative work, supervisors' expectations, as well as legal responsibilities. Time was an issue when it came to doing research and was further limited given clinical responsibilities. As one nurse stated, if you work in the ICU, there is not much time to read and look at the evidence, as there is only time to complete your clinical notes and tasks in the unit. It doesn't leave much time to research what is happening in current practice. This lack of time to conduct and apply research in daily practice may lead to the use of outdated nursing research. There can be a significant time delay between when the evidence becomes available and when it gets implemented into clinical practice. Only a small proportion of research conducted by nurses reaches publication. Systematic reviews of international non-medical specialty nursing journals that have been completed to identify the number of research reports have demonstrated that between 1 percent and at best 16 percent of reports lead to the development of clinical practice guidelines or other informatics tools that are actually based on the findings of research. Access to resources to enable nurses to engage in EBP activity was also seen as a major barrier. Lack of access to journals and databases was considered a major barrier to engaging in EBP by the nurses interviewed. Clinical nurses who are not provided with the resources and who care for clients with complex needs have to rely on outdated forms of practice. Complex patients require a higher level of scientific understanding. Research has shown that environmental factors such as lack of access to comprehensive evidence, psychological stress, high workload, and other factors can hinder engagement in research activities. Nurse educators and leaders in practice may need to provide the educational and policy support to promote research-based practice for ICNs. These might include daily practice development or action research cycles that some hospitals have promoted. Moreover, integrating EBP into pre-registration and in-service education is essential. Organizations that have the resources to support clinical nurses to attend conferences and engage in in-service education could be resourced to provide continuing online access to nursing databases and journals. However, this requires resources to subsidize the costs of academic journals for clinical nurses. Given the limited resources to provide this, new ways of engaging clinicians in EBP activities need to be explored.

4.2. Resistance to Change

The various reasons for resistance to change in nursing include psychological studies and sociological aspects that point to the fact that changes often trigger anxiety. People react with fear to situations that are new or which threaten their identity. Resistance to the introduction of evidence-based practice can reveal fears staff have of change. Staff may worry about whether they will be capable of coping in different roles or with different procedures. Many staff are attached to current practices, and therefore innovation is not always seen as a priority. Its development is influenced by several factors: departmental, personal, cultural, and patient factors. For a long

time, professional autonomy allows the nurse to make decisions independently. The bedside teaching of experienced nurses may be reticent to the introduction of initiatives they are not part of.

Furthermore, entrenched beliefs can be perpetuated over years and can be very difficult to change. The process of practice change involves questioning these beliefs, and the balance of advantage has to be considerable to be worth the discomfort of this process. The lack of implementation of guidelines for back pain management is influenced by many factors. The results of audit studies point out cluster and organizational factors that play an important role in the lack of implementation of the low back pain guide, decreasing individual-level efforts to reduce practice variation. Leadership has to choose its style before it can lead its people according to its vision. Finally, evidence-based practice is perceived differently in every country. Nurses should be able to spend quality time with patients and to make them care; this requires an open culture where new knowledge is taken seriously. In order to make evidence-based practice work, it would require much stronger support for elementary research and a culture that is more open to new methods.

5. Beliefs and Attitudes Towards EBP Among Nursing Staff

As with other human behaviors, beliefs shape attitudes and then behaviors. Adoption of evidence-based practice requires staff to believe the approach is worthwhile and doable, and is influenced by individual attitudes and beliefs. A positive belief regarding the utility and relevance of evidence-based practice can be an influential facilitation for staff development of attitudes that are more supportive of evidence-based practice and facilitative of positive intentions to engage proactively in the evidence-based practice process. More specifically, a positive belief in the value of evidence-based practice increased the likelihood that staff would decide to read articles, apply guidelines, and engage in other strategies to seek research evidence. Similarly, staff who believed they could practice in an evidence-informed manner were more likely to hold two of the three critical attitudes: the accompaniment of, and positive attitudes towards additional research publications, resources, and partnerships as being absolutely essential to inform their practice.

In summary, evidence-based behavioral and social beliefs provide readers with anticipatory beliefs about the utilities and needs that are available to support the development of an evidence-based strength-based approach to evidence-based practice. These beliefs provide insight into what the key targets are for organizational initiatives to sustain the development of evidence-based practice skills via physicians' and nurses' adoption of evidence-based practice-related tools and resources. Improving the development of strong beliefs would be a precursor to developing the attitudes that are necessary for proactive engagement in the evidence-based practice process. Taken together, these studies provide a strong logic for the value of knowledge about nursing staff beliefs about how evidence-based care can be practice-enhanced to answer our research question, and the first aim of our interpretive synthetic review. In so doing, this study pursues insights that are more fundamental to health services and quality improvement than the detail provided by

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systematic reviews of the application of evidence-based practice determinants or evidence-based practice resources, or the content of generic versus contextually framed evidence-based practice educational programs, by focusing on the extent and nature of personal beliefs about "e-".

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