

# Knowledge, Attitude and Practice of Nurses towards Evidence-Based Practice at Al-Medina, KSA

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## Abstract

**Background:** Evidence-Based Practice (EBP) becomes an important concept that is used by researchers, quality members, policy makers, and healthcare team including nursing staff. When EBP is implemented in clinical setting, it will result in maintaining quality of care, efficient use of resources, improvement of patient care, reduction of costs and length of hospital stay, and improvement of patient satisfaction. Evidence-Based Practice is a new term to be used in Saudi Arabia. **Purpose:** The aim of this study was to describe nurses' knowledge, attitudes, and practice about EBP in Saudi Arabia. **Methods:** A cross-sectional correlational descriptive design was used. The study was conducted in Al-Madinah Al-Munawarah city, Saudi Arabia. Three hundred and three nurses answered a 24-item Likert scale questionnaire about the study variables. Data were analyzed by descriptive statistics, a serial of bivariate correlations and multiple regressions. **Results:** Knowledge toward EBP had the highest mean ( $4.66 \pm 1.16$ ), followed by use of EBP ( $4.09 \pm 1.31$ ), and then Attitudes toward EBP ( $3.81 \pm 1.13$ ). Younger nurses tend to use EBP more than older nurses ( $r = -0.18, p < 0.001$ ), females have more positive attitude toward EBP than males ( $r = -0.16, p < 0.001$ ) and nurses with BSc degree have more positive attitude, knowledge, and use of EBP than diploma nurses. Nurses with longer years of experience use EBP less than novice nurses ( $r = -0.12, p < 0.05$ )

**Conclusion:** Although, nurses had a moderate knowledge about EBP, however, their attitude toward EBP is lacking. It is, therefore, desirable that hospital management in Saudi Arabia need to develop a comprehensive strategy for promoting health awareness on this practice and build EBP competencies through proper training. Moreover, hospital libraries should also play an active role in developing databases to provide an opportunity for nurses to communicate with the most powerful and the latest research findings and apply it during clinical practice.

**Keywords:** Evidence-Based, Practice, Knowledge, Attitudes, Practice, Nurses, and Saudi Arabia.

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## Introduction

Evidence-based practice (EBP) has been recognized by the healthcare workers as the gold standard for the provision of safe and

compassionate healthcare<sup>(1)</sup>. Evidence-Based Clinical Practice (EBCP) is known to improve the quality of health care, promote positive patient outcomes and clinical results<sup>(2,3)</sup>. However, the implementation of EBP has been

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challenging<sup>(4,3,5,6)</sup>. Integrating EBP into everyday practice is a necessity if effective patient care is to be provided; this concept is supported by current legislation<sup>(7,8)</sup>.

The skills necessary to provide an evidence-based solution to a clinical dilemma include: a) defining the problem; b) conducting an efficient search to locate the best evidence; c) critically appraising the evidence; and d) considering that evidence and its implications in the context of patients' circumstances and values. Attaining these skills requires intensive study and frequent, time-consuming application<sup>(9)</sup>.

Implementation of EBP involves the steps of asking a clinical question, acquiring the best relevant evidence, appraising the evidence critically and applying the evidence with the integration of patient preference in clinical decision making<sup>(10, 11)</sup>. Knowledge, skills, attitudes and practice are the important dimensions of implementing EBP<sup>(11, 12)</sup>.

Evidence-based practice has been recognized as a necessity to nursing practice to promote excellence in health care for the last two decades<sup>(13, 14)</sup>. Evidence-based practice provides nurses with a method to use critically appraised and scientifically proven evidence for delivering quality health care to a specific population<sup>(15)</sup>. Nursing discipline in Saudi Arabia, as part of the universal body of nursing, has started its efforts to establish its own existence in the evidence-based map<sup>(16)</sup>. Yet, assessing factors influencing its adoption in Saudi Arabia has not been fully addressed in literature. The purpose of this study was to describe nurses' knowledge, attitudes, and practice about EBP in Saudi Arabia.

### Research questions

This study sought to describe nurses' knowledge, attitudes, and practice about EBP

in Saudi Arabia and addressed the following questions:

1. What is the level of Saudi nurses' knowledge, attitudes, and practice regarding EBP?
2. What is the association between selected demographic variables (age, gender, academic qualifications, training about EBP, and years of experience) and perceived EBP knowledge, attitudes, and practice among Saudi nurses?

### Materials and Methods

#### Design:

A descriptive, correlational, cross-sectional design was used. The study was conducted between March and July 2015. Self-reported questionnaire was used to meet the objectives of this study, i.e. a) to determine the nurses' knowledge, attitude and practice toward EBP, and b) to investigate associations between selected demographic variables (age, gender, academic qualifications, years of experience, training about EBP, involvement in research) and perceived EBP knowledge, attitudes, and practice.

#### Site and Setting:

The study was conducted at five major governmental hospitals in, Al-Madinah, Al Munawarrah, KSA, (the Cardiac Center, King Fahd, Al- Ansar, Al- Meqat, and Ahud). Nursing bridging students from the faculty of Nursing at Taibah University were also included in the study.

#### Sample:

Four hundred and twenty questionnaires were distributed to the nurses. The response rate was 72% resulting in a convenience sample of 303 participants in the final analysis. Participants were registered nurses, with at

least diploma education, and with more than one year of experience in a clinical field and willing to participate in the study. The nurses who did not meet the criteria were excluded from the study. The participants were distributed as the following: Cardiac Center (80), King Fahd (50), Al- Ansar (38), Al-Meqat (32), Ahud hospitals (41), and from bridging nursing students (62). The needed sample size was calculated by Cohen's power analysis table using multiple regression as a statistical test with six independent variables in the model, a medium effect size, an alpha of 0.05, and a power of 0.8<sup>(17)</sup>. Based on this information the needed sample size was 97. Therefore, a total number of 303 participants were enough to detect if there is a statistical significance.

#### **Instrument:**

The Evidence-Based Practice Questionnaire (EBPQ) was used to meet the purposes of the study. This tool was developed by Upton & Upton<sup>(18)</sup>. Permission from the authors was obtained to use the instrument in this study. The EBPQ is a self-report measure of nurses' perceptions for their attitudes, knowledge and practice of EBP. It consists of 24 items which are organized into three subscales (EBP, attitudes towards EBP, and knowledge of EBP). All items of the instrument are scored on a Likert-type scale of 1-7, with a higher score indicating a more positive attitude towards the clinical effectiveness of EBP, use of EBP, and knowledge of clinical effectiveness of EBP. The first subscale consisted of 6 items, the second subscale consisted of 4 items, and the third subscale consisted of 14 items. Therefore, the first subscale has a range from 6-42; the second subscale has a range from 4-28; and the third subscale has a range from 14

– 98. The scores of the entire EBPQ range from 24 – 168<sup>18</sup>. For the purposes of comparing the findings of this study with the previous studies, the means of these subscales were calculated.

Previous studies have assessed the internal consistency of the EBPQ and found a Cronbach's alpha coefficient of 0.87 for the entire questionnaire: 0.85 for the practice subscale, 0.79 for the attitudes subscale and 0.91 for the knowledge/skills subscale<sup>(18)</sup>. A recent study done in Oman about the same topic, reported the reliability coefficient of 0.91<sup>(19)</sup>. The construct validity was supported by a positive relationship between the scales<sup>(18)</sup>. In this study, the Cronbach's alpha coefficient was 0.86 for the entire scale, 0.91 for the practice subscale, 0.64 for the attitudes subscale, and 0.95 for knowledge subscale.

#### **Data analysis**

Statistical Package for the Social Sciences (SPSS), Version 20.0 (IBM Corp., Chicago, Illinois, USA) was used to analyze the data. Categorical variables were reported as frequencies and percentages. Continuous data were described by means  $\pm$  SD. To answer the first objective, descriptive statistics were used. To achieve the second objective, a series of bivariate correlations were conducted followed by multiple regression.

#### **Ethical considerations and data collection procedure**

Permission for the study was granted by the institutional review board from the selected hospitals in Al-Madinah Al-Munawarah, Saudi Arabia. Once the official permission was obtained from directors of these hospitals. Ethical issues were maintained. The participants were approached and informed about the purposes of the study before being

asked to participate. The voluntary nature of their participation was emphasized and the steps to ensure confidentiality and anonymity were explained and implemented. Participants' consent were assured by their willingness to complete and return the questionnaires. The questionnaire was distributed by the researcher. Data were collected from 15<sup>th</sup> of March to 20<sup>th</sup> of July 2015.

**Results**

**Participants' demographics**

The total number of participants who completed the questionnaire was 303 with a

response rate of 72%. The mean age was 29.8± 7.2 years. The majority of the participants were female (67.6%). Regarding the educational status, 135 participants had a baccalaureate degree, and rest of participants had diploma in nursing. The average of years of experience was 7.2 ± 2.2 with a range of 1-28 years. Generally, about 34.6% of participants attended a training activity on evidence based practice. Only 14.2% of participants were involved in research participation in EBP. **Table 1** illustrates the demographic findings of participants.

**Table 1. Sociodemographic characteristics of the study sample (N=303)**

Variable	Number (%)/ M±SD
<i>Age</i>	29.8 ± 7.2
<i>Gender</i>	
Male	98 (32.4)
Female	205(67.6)
<i>Nursing Experience</i>	
1-5	124 (41)
6-10	97 (32)
More than 10	82 (27)
<i>Education</i>	
Bachelor	135 (44.5)
Diploma	168 (55.5)
<i>Training on EBP</i>	
Yes	105 (34.6)
No	198 (65.3)
<i>Research Participation</i>	
Yes	43 (14.2)
No	260 (85.8)

Regarding the Attitudes, Knowledge and use domains of EBP (research question number one), the questionnaire means showed that knowledge toward EBP had the highest mean (4.66 ± 1.16), followed by use of EBP (4.09 ± 1.31), and then Attitudes toward EBP

(3.81 ± 1.13).

To answer the research question number two regarding the associations between the selected demographic variables (age, gender, academic qualifications, training about EBP, and years of experience) and perceived EBP

practice, attitudes, and knowledge, the following steps were performed. A serial of bivariate correlations between the variables were conducted, as shown in Table 2. Then

multiple regression was done to assess the effect of the independent variables on the dependent variable, (Table 3).

**Table 2. Correlation between nurses' demographics and their scores on the questionnaire by subscale (N = 303)**

Variable	Attitude	Knowledge	Use of EBP
Age	0.03	-0.09	-0.18**
Gender	-0.16**	0.001	0.06
Qualification	0.2**	0.12*	0.23**
Years of experience	0.04	-0.01	-0.12*
Got training about EBP	-0.04	-0.08	0.11*
Involved in research	0.01	-0.02	0.20**

\*Correlation is significant at 0.05; \*\* Correlation is significant at 0.01.

**Table 3: Multiple regression analysis of the EBP questionnaire subscales on selected demographic variables**

Outcome/Predictor	Standardized $\beta$	t	Model Statistics
<i>For Attitude toward EBP</i>			
Age	-0.05	-0.56	$R^2 = 0.049$ ; $F(6,296) = 3.53$ , $P < 0.05$
Education*	0.20	3.42	
Years of experience	-0.01	-0.14	
Gender	-0.11	-0.15	
Got training about EBP	-0.28	-0.47	
Involved in research	-0.05	-0.81	
<i>For knowledge about EBP</i>			
Age	-0.17	-1.91	$R^2 = 0.038$ ; $F(6,296) = 2.69$ , $P < 0.05$
Education*	0.16	2.24	
Years of experience	0.08	0.87	
Gender	-0.09	-1.32	
Got training about EBP	-0.05	-0.91	
Involved in research	0.00	0.01	
<i>For Practice of EBP</i>			
Age	-0.17	-1.98	$R^2 = 0.12$ ; $F(6,296) = 7.07$ , $P < 0.001$
Education*	0.25	3.93	
Years of experience	-0.02	-0.22	
Gender	-0.10	-1.45	
Got training about EBP	-0.09	-0.16	
Involved in research*	0.14	2.41	

\* The significant independent variable among all variables entered into the model.

Based on table two; younger nurses tend to use EBP more than older nurses. Females have more positive attitude toward EBP than males. Nurses with baccalaureate degree have more positive attitude, knowledge, and use EBP than diploma nurses. Interestingly, nurses with longer years of experience use EBP less than novice nurses. Nurses who got training about EBP and were involved in research, used EBP more than other nurses. However, when these variables were entered to the regression model to check the independent predictor of the outcome of interest (Table 3); only educational level remained significant in all models. Nurses with baccalaureate degree have more positive attitude, knowledge, and use EBP than diploma nurses. Furthermore, nurses who were involved in research, practiced it more than other nurses.

#### **Discussion:**

This study is one of the first studies conducted in Saudi Arabia about EBP. The results of this study indicated that the nurses have a more positive knowledge and use of EBP than their attitude toward EBP. This means that nurses' knowledge about the EBP is different from their attitude and ability to implement EBP. Nurses in KSA have some knowledge about EBP but their attitude toward implementing it is lacking even they use some of the EBP in their work. Therefore, a question need to be answered, why Saudi nurses have this attitude toward EBP.

Previous studies showed that the major barrier to use the EBP was insufficient time<sup>(14,19,20)</sup>. A study conducted in Oman by Ammouri et al. found that the nurses had a high attitude to use EBP but the major problem was the lack of time<sup>(19)</sup>. The baccalaureate of nursing and graduate studies programs are newly implemented in Saudi Arabia. The

number of Saudi nurses who are involved in the hospitals is low compared with other nationalities. This small number of nurses has huge responsibilities from administrative point of view making it very difficult for those nurses to have sufficient time to implement EBP and this might affect their attitude toward it. In some of the previous studies, nurses considered EBP as waste of time rather than considering it as a necessity in their professional practice, but also they ranked it of least priority<sup>(14)</sup>.

Based on that, it is highly recommended that executive directors have a re-look at the nurses' schedules and responsibilities to enhance their abilities/ attitudes about EBP<sup>(9,21,22)</sup>. Nurses might be involved in different nursing education programs about EBP and how to implement it in the clinical setting. In addition, Majid et. al. and Ammouri et al. showed that nurses used hospital policies and protocols as a guide for their work<sup>(15,19)</sup>. Consequently, executive directors of nursing should work extensively on those policies and guidelines to formulate them based on the best available evidence and clinical knowledge tools for ensuring that research is integrated into clinical practice<sup>(23)</sup>.

The results of this study also showed that younger nurses and the nurses with less experience used EBP more than their compared groups. This is approximately the same with Majid et al who found that the relationship between years of experience and application of EBP was weak<sup>(15)</sup>. Milner et al. found that increasing age indicated a lower score in the use of research-based evidence<sup>(24)</sup>. These results are in contrary with previous studies who reported the opposite results<sup>(19,25, 26)</sup>.

Usually, the use of EBP is associated with change from the classical routine care that is

given to the patients. This might be an explanation why older and more experienced nurses will use EBP less. Those nurses got used about the routine work and mostly are satisfied of what they are doing. Application of EBP will change this routine requiring an extra effort and work to be done from those nurses. Furthermore, previous studies showed that nurses usually used knowledge gained from experience in practice rather than evidence gained from research journals. Older nurses and nurses with longer experience might believe they have such information.

Nurses with baccalaureate degree reported a more positive attitude towards the clinical effectiveness of EBP, use and knowledge of EBP than the diploma nurses. Usually, the baccalaureate degree curricula usually include a specialized course in nursing research methodology. The major goals of such courses are to: a) identify an important clinical problem statement, b) perform an integrated literature review, c) read and interpret research findings; b) critique previous researches and c) write research proposals. Such programs are lacking at the diploma level. Previous studies concluded that if you want your nurses to implement EBP in their work, then the first step should be adopting teaching strategies of EBP approach across the curriculum in schools of nursing<sup>(27,28)</sup>. In this study, the strongest relationship was between the qualification and the use of EBP. Majid et al. found that when the nurses are graduated from higher levels, including the graduate studies programs, they were more capable to benefit from the EBP activities<sup>(15)</sup>. Furthermore, Youngblut and Brooten reached to a result that managers should create a suitable environment to their staff in order to share knowledge and information about EPB, especially diploma nurses<sup>(29)</sup>.

The results of this study showed that education remained an independent predictor in all the variables including (knowledge, attitudes and the use of EBP). This shows how this variable is important. One might say that, it is highly recommended for nurses to go to higher educational studies. These types of studies prepare nurses to produce different types of evidence, support and synthesize new type of knowledge through EBP that can be used in the clinical settings. Previous studies found that nurses who hold higher educational degrees were more supportive to use EBP and work as a coach for their novice colleagues<sup>(30)</sup>.

Nurses who got training and were involved in research tend to use EBP more than their compared groups. Being involved in such project makes the nurses feel how much research results are important in clinical setting and how much efforts are needed by researcher to achieve the positive outcomes in clinical setting. Previous studies by Ammori et al. and Kjersti et al., showed the same results<sup>(19, 31)</sup>. Other findings from a survey lend credence to the idea that mentorship in EBP simplifies the performance of evidence-based care<sup>(32)</sup>.

### Conclusion

The findings of this study provided an evidence that Saudi nurses have a moderate knowledge about EBP. However, they lack some of the positive attitude toward the EBP. Younger nurses and nurses with baccalaureate degree tend to have more knowledge and use EBP more.

The results of this study have many implications for nurses in Kingdom of Saudi Arabia. Nurse directors are ideally placed in a situation that they can help nurses get benefit from the EBP. Developing a comprehensive strategy for promoting health awareness on

this practice and providing continuing education and coach programs about the EBP and its uses can result in a great benefit in these circumstances for nurses. Moreover, participating in databases allows the nursing staff to communicate with the most powerful and the latest research findings and apply it during clinical practice.

It is recommended to replicate this study for the purpose of enhancing the generalizability of the findings using a longitudinal study on more than one occasion. Executive directors should have a re-look at the nurses' schedules and responsibilities to enhance their abilities/ attitudes about EBP. Further research examining various factors influencing knowledge, attitudes, and practice of nurses towards evidence based practice in Saudi Arabia is needed.

#### **Study limitations**

First, this is a cross-sectional study that was carried out at one time point. Cross-sectional studies do indicate associations that may exist and are therefore, useful in generating hypotheses for future research. A second potential limitation is that we used a convenient sample from five major governmental hospitals in, Al-Madinah, Al Munawwarah, KSA. Despite those limitations, the results can provide a strong background for more complex research into better incorporation of EBP in the clinical setting.

#### **Conflict of Interest**

The authors declare that they have no conflict of interest in the study. Of course, this study would not have been possible without the generous contributions of the participants. We would like to thank the staff nurses and bridging nursing students. They have been most patient and supportive of our work.

#### **References**

1. Carolene E, Mary A, Laurie E, Dale G. Nursing practice, knowledge, attitudes and perceived barriers to evidence based practice at an academic center. *Journal of Advanced Nursing*. (2008); 65 (2): 371-381.
2. Estabrooks CA, Midodzi WK, Cummings GG, Wallin L. Predicting research use in nursing organizations: A multilevel analysis. *Nurs Res*. (2007); Jul-Aug: 56 (4 Suppl): S7-S23.
3. Koehn M, Lehman K. Nurses' perceptions of evidence based practice. *Journal of Advanced Nursing*. (2007); 62 (2): 2009-2015.
4. Estabrooks CA, Tourangeau AE, Humphrey CK, Hesketh KL, Giovannetti P, Thomson D. et al. Measuring the hospital practice environment: a Canadian context. *Res Nurs Health*. (2002) Aug; 25(4): 256-268.
5. Kramer M, Schmalenberg C. The Practice of Clinical Autonomy in Hospitals: 20 000 Nurses Tell Their Story. *Crit Care Nurse*. (2008); 28(6): 58-71.
6. Lucero RJ, Lake ET, Aiken LH. Variations in nursing care quality across hospitals. *J Adv Nurs*. (2009); 65 (11): 2299-2310.
7. Care Quality Commission. Guidance about Compliance: Essential Standards of Quality and Safety. [Internet] March (2010). Available from: [www.cqc.org.uk/.../documents/guidance](http://www.cqc.org.uk/.../documents/guidance).
8. Nursing and midwifery council. Standards for pre-registration nursing education (UK). [Internet] 16. Sep. (2010). Available from: [www.nmc.org.uk/standards for pre-registration nursing education](http://www.nmc.org.uk/standards_for_pre-registration_nursing_education).
9. Guyatt, G, Meade M, Jaeschke R, Cook D, Haynes R. "Practitioners of Evidence-based Care." *British Medical Journal*. (2000); 320: 954-55.
10. Ciliska D. Educating for evidence-based practice. *Journal of Professional Nursing*. (2005); 21: 345-350.
11. Shaneyfelt T, Baum KD, Bell D, Feldstein D, Houston TK, Kaatz S, et al. Instruments for evaluating education in evidence-based practice: A systematic review. *Journal of the American Medical Association*. (2006); 296: 1116-1127.
12. Estabrooks C, Floyd J, Scott-Findlay S, O'Leary K, Gushta M. Individual determinants of research utilization: a systematic review. *Journal of Advanced Nursing* (2003); 43: 506-520.
13. Adib-Hajbaghery M. Evidence-Based Practice: Iranian nurses' perceptions. *Worldviews on*

- Evidence-Based Nursing. (2009); 2: 93-101.
14. Brown CE, Wickline MA, Ecoff, L, Glaser D. Nursing practice, knowledge, attitudes and perceived barriers to evidence-based practice at an academic medical center. *Journal of Advanced Nursing*. (2009); 65: 371-381.
  15. Majid S, Foo S, Luyt B, Zhang X, Yin-Leng T, Yun-Ke C, et al. Adopting evidence-based practice in clinical decision making: Nurses' perceptions, knowledge, and barriers. *J Med Libr Assoc.*, (2011); 99 (3): 229-236.
  16. Salem O, Alamrani A, Abloushi M. Knowledge, Practice and Attitude of Evidence Based Practice among Nurses in Kingdom of Saudi Arabia. *Med. J. Cairo Univ.*, (2009); 77 (2): 121-128.
  17. Cohen J. A power primer. *Psychol Bull.*, (1992); 112:155-9. doi: 10.1037/0033-2909.112.1.155
  18. Upton D, Upton P. Development of an evidence-based practice questionnaire for nurses. *J Adv Nurs.*, (2006); 53 (4): 454-458.
  19. Ammouri A, Raddaha A, Dsouza P, Geethakrishnan R, Noronha J, Obeidat A et al. Evidence-Based Practice. Knowledge, attitudes, practice and perceived barriers among nurses in Oman. *Sultan Qaboos University Med J*. (2014); 14 (4): 537-545.
  20. Yadav BL, Fealy GM. Irish psychiatric nurses' self-reported barriers, facilitators and skills for developing evidence-based practice. *J Psychiatr Ment Health Nurs.* (2012); 19:116-22. doi: 10.1111/j.1365-2850.2011.01763.x.
  21. Ubbink D.T, Guyatt G.H, Vermeulen H. Framework of policy recommendations for implementation of evidence-based practice: a systematic scoping review. *BMJ open*, (2013); 3 (1).
  22. Vermeulen H, Guyatt H, Ubbink T. Framework of policy recommendations for implementation of evidence-based practice: a systematic scoping review. *BMJ Open*. (2013) 3:e001881 doi: 10.1136/bmjopen-2012-001881.
  23. Titler MG. The Evidence for Evidence-Based Practice Implementation. In: Hughes RG, Ed. *Patient Safety and Quality: An evidence-based handbook for nurses*. (2008). Vol. 1. Rockville, Maryland, USA: Agency for Healthcare Research and Quality. Pp. 113-61.
  24. Milner FM, Estabrooks CA, Humphrey C. Clinical nurse educators as agents for change: Increasing research utilization. *Int J Nurs Stud*. (2005); 42: 899-914.
  25. Griffiths JM, Bryar RM, Closs SJ, Cooke J, Hostick T, Kelly S, et al. Barriers to research implementation by community nurses. *Br J Community Nurs*. (2001); 6:501-10. doi: 10.12968/bjcn.2001.6.10.9466.
  26. Ferguson LM, Day RA. Challenges for new nurses in evidence based practice. *J Nurs Manag*. (2007); 15:107-13. doi: 10.1111/j.1365-2934.2006.00638.x.
  27. Killeen MB, Barnfather JS. A Successful Teaching Strategy for Applying Evidence-based Practice. *Nurse Educator*. (2005); 30(3), 127-132.
  28. Burns H K, Foley SM. Building a foundation for an evidence-based approach to practice: teaching basic concepts to undergraduate freshman students. *Journal of Professional Nursing*. (2005); 21 (6):351- 357.
  29. Youngblut JM, Brooten D. Evidence-based nursing practice: Why is it important? *AACN Clin Issues*. (2001); 12:468-76. doi: 10.1097/00044067-200111000-00003.
  30. Grant HS, Stuhlmacher A, Bonte-Eley S. Overcoming barriers to research utilization and evidence-based practice among staff nurses. *J Nurses Staff Dev*. (2012); 28: 163-5. doi: 10.1097/NND.0b013e31825dfaff.
  31. Kjersti S, Olsen R, Birgitte E, Nortvedt W. Evidence based practice beliefs and implementation among nurses: A cross-sectional Study. *BMC Nursing*. (2014); 13(1):8.
  32. Dalheim A, Harthug S, Nilsen R, Nortvedt W. Factors influencing the development of evidence-based practice among nurses: A self-report survey. *BMC Health Services Research*. (2012); 12:367.

## معرفة واتجاهات وتطبيق الممرضات والممرضين نحو الممارسة القائمة على الأدلة والبراهين في مستشفيات المدينة المنورة، المملكة العربية السعودية

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### الملخص

الخلفية: يعد مفهوم الممارسة القائمة على الأدلة والبراهين واحداً من أهم المفاهيم المستخدمة من قبل الباحثين الاكلينيكيين، وأعضاء الجودة، وصانعي السياسات، وكوادر الرعاية الصحية بما في ذلك التمريض. ويؤدي استخدامه إلى الحفاظ على جودة الرعاية الصحية، واستخدام الموارد بكفاءة، وتحسين رعاية المرضى، والحد من التكاليف ومدة إقامة المرضى في المستشفى وتحسين مستوى رضاهم. الهدف: كان الهدف من هذه الدراسة استكشاف معرفة واتجاهات وتطبيق الممرضات والممرضين نحو الممارسة القائمة على الأدلة والبراهين في مستشفيات المدينة المنورة، المملكة العربية السعودية.

الطريقة: أجريت هذه الدراسة في مستشفيات المدينة المنورة، المملكة العربية السعودية. تم استخدام التصميم البحثي المقطعي. أجاب ثلاثمائة وثلاث ممرض وممرضة على النسخة العربية للاستبيان. وقد تم تحليل البيانات عن طريق الإحصاء الوصفي والاحصاء الاستدلالي كاختبار الانحدار المتعدد.

النتائج: أظهرت النتائج بأن متوسط معرفة الممرضات والممرضين نحو الممارسة القائمة على الأدلة والبراهين كان الأعلى ( $1.16 \pm 4.66$ )، يليه الاستخدام ( $1.31 \pm 4.09$ )، ثم المواقف والاتجاه ( $1.13 \pm 3.81$ ). كما أظهرت النتائج بأن التمريض الأقل عمراً يميل إلى تطبيق مفهوم الممارسة القائمة على الأدلة والبراهين أكثر من التمريض الأكبر عمراً ( $r = -0.18$ ،  $p < 0.001$ )، وأن الممرضات الإناث لهم مواقف أكثر إيجابية نحو الممارسة القائمة على الأدلة والبراهين من الممرضين الذكور ( $r = -0.16$ ،  $p < 0.001$ ). كما بينت النتائج بأن هناك علاقة وطيدة للمؤهل التعليمي والممارسة القائمة على الأدلة والبراهين لصالح الكوادر التمريضية الحاصلين على درجة البكالوريوس. وأظهرت النتائج أيضاً بأن تطبيق الممرضين ذوي الخبرة الطويلة لهذا المفهوم أقل من المبتدئين ( $r = -0.12$ ،  $p < 0.05$ ).

الاستنتاج: على الرغم من أن الممرضين والممرضات لديهم معرفة معتدلة نحو الممارسة القائمة على الأدلة والبراهين، إلا أن اتجاهاتهم وميولهم نحو هذا المفهوم تحتاج الكثير من التحسين. ولذلك، من المرغوب فيه، أن تقوم إدارة المستشفيات في المملكة العربية السعودية بنشر الوعي الصحي المتعلق بهذه الممارسة ووضع استراتيجية شاملة لتعزيزها من خلال التدريب المناسب للمبتدئين ودورات أخرى متقدمة للعاملين. علاوة على ذلك، الاشتراك في قواعد البيانات لإتاحة الفرصة للكوادر التمريضية للتواصل مع أقوى وأحدث النتائج البحثية وتطبيق ذلك أثناء الممارسة السريرية.

**الكلمات الدالة:** الممارسة القائمة على الأدلة، المعرفة، الاتجاهات، التطبيق، التمريض، المملكة العربية السعودية.