Int. j. adv. multidisc. res. stud. 2026; 6(3):334-340

Received: 24-03-2026
Accepted: 04-05-2026

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Evidence-Based Practice Beliefs and Implementations: A Cross-Sectional Study among Undergraduate Nursing Students

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Abstract

Background: Evidence-based practice (EBP) is one of the pillars of modern nursing, which improves patient health outcomes by translating research into standardized care. Ensuring that the undergraduate nursing students develop a positive attitude towards EBP beliefs and implementation is crucial for future nursing professionals.

Aims: This study examines evidence-based practice beliefs and their influence on EBP implementation, as well as their variation by demographic background.

Methods: A purposive sampling technique was used to conduct a descriptive cross-sectional correlational study with 293 undergraduate nursing students from Riyadh Elm University. Structured demographic questionnaire data were collected via the Evidence-Based Practice Beliefs Scale (EBPB) and the Evidence-Based Practice Implementation Scale (EBPI).

Results: The principal outcome variables in this study were the belief level (EBP beliefs) and the level of EBP implementation (EBP implementation) among nursing students. The results indicated that most nurses (n = 158) believed they had a high level of EBP (M = 60.30 ± 11.07) and had implemented the use of EBP in clinical practice (M = 58.16 ± 10.22). There was a weak but statistically significant positive correlation between EBP beliefs and EBP implementation ($r = 0.178$, $p < 0.001$). Statistically significant differences in both belief and implementation levels for EBP were identified by age, academic level, and marital status ($p < 0.05$). Prior EBP training had a statistically significant association with EBP implementation ($p < 0.001$) but not with EBP beliefs ($p = 0.069$).

Conclusion: Undergraduate student nurses exhibited a high belief in EBP and a strong level of implementation. While a statistically significant but weak correlation was found between beliefs and implementation, there may still be barriers to applying EBP in clinical practice. Structured education and experiential training in EBP are recommended to improve skills for implementing EBP.

Keywords: Beliefs, Evidence-Based Practice, Implementation, Nursing Education, Nursing Students

Introduction

Combining clinical knowledge, research findings, and patient values, evidence-based practice (EBP) is an essential strategy for nurses. It lowers costs, standardizes procedures, improves patient outcomes, raises the standard of healthcare, and helps close the gap between education and practice [1]. Previous studies have shown that nurses' usual clinical practice does not fully utilize EBP. Implementation is the term used to describe the application of EBP in clinical practice. According to the findings of previous studies, improving nurses' opinions on EBP may promote their usage of it. Belief is the perception of the value and benefits of EBP, as well as the assurance in one's own EBP skills and expertise [2].

Nurses who firmly believe in EBP use it more than those who don't. Nurses are prepared for practice during their undergraduate studies, which ensure that they have met a set of fundamental core skills by the time they graduate [3]. EBP must be taught to undergraduate nursing students in order to improve their self-efficacy in using the practice, strengthen their comprehension of it, and confirm their belief that it benefits both nurses and patients. To effect this change, it is imperative to improve the teaching process and focus more on the comprehension and use of EBP [4].

Significance of the Study

Undergraduate nursing students, despite their positive beliefs about evidence-based practice (EBP) in patient care, face challenges in its implementation in clinical practice, such as difficulty distinguishing between EBP and research, and integrating evidence for change planning [5]. According to a mixed-methods study, 118 American undergraduate nursing students find it difficult to distinguish between research and evidence-based practice (EBP), even if they can find evidence but find it difficult to incorporate [6]. This study aimed to analyze nursing students' beliefs and EBP implementations, compare them with past EBP training, and explore the relationship between these beliefs and EBP implementations.

Aim

The study aims to explore nursing students' beliefs and implementation of EBP, as well as the variations in these aspects depending on the students' past EBP training and the relation between the two.

Research Questions

1. How do undergraduate nursing students generally perceive evidence-based practice (EBP)?
2. How important do undergraduate nursing students think EBP will be to their practice in the future?
3. How do nursing students' beliefs and their implementation of EBP relate to each other?

Materials & Methods

Research Design

A cross-sectional, correlational research survey strategy was used to accomplish the study's goals. One private institution in Riyadh, Saudi Arabia, was the site of the study's participant recruitment. In order to produce qualified general nurses with baccalaureate degrees, the universities offer a four-year undergraduate nursing curriculum. In undergraduate nursing programs at universities, the nursing research course is a required requirement.

Setting

This research was applied at ELM University in Riyadh. This study focuses on Riyadh Elm University, the Kingdom of Saudi Arabia's first private health education establishment. The institution has four campuses and was founded in 2004, each with seven floors, divided into north and south. Among other locations in Riyadh, it has campuses in Olaya, Nymathjia, Cordoba, and Al-Munisia. The university's floors house dental clinics, nursing, Applied Medical Sciences, fundamental science labs, pharmacies, and more.

Sample Characteristics

The purposive sample consisted of 244 male and female students from REU's College of Nursing who offered to take part in the research. Participation was promoted from first-year students through internships. The field study sample size was 293 since the researchers added 20% for better data and follow-up drop. Thompson [7] states that the right sample size for this investigation was established using the Steven K. Thompson equation. There are now 669 enrolled students in the REU College of Nursing, based on the total number of students admitted. 20% is added for better data and follow-up because the probability is 50%, the error proportion is 0.05, and the confidence level is 95%.

Data Collection

To collect the information needed to fulfill the objectives of the study, two tools were used:

Tool I: Basic socio-demographic characteristics for Students:

In order to collect participant demographic information, researchers design it to identify basic student information and academic data, including age, gender, last academic achievement, Residence, study year, and any previous EBP instruction from the nursing research course.

Tool II: EBP Belief Scale and EBP Implementation Scale:

The EBP Implementation Scale and the EBP Belief Scale were developed by [8]. Both scales' psychometric properties were previously strong. There were two parts to this scale: Part 1: contained the respondents' opinions on EBP are characterized by the 16 statements that comprise the Evidence-Based Practice Belief Scale (EBPB). Students were asked to indicate whether they agree or disagree with each of the 16 statements on a five-point Likert scale. Strongly disagree (1 point) to strongly agree (5 points) were the possible responses on this scale. Every statement was positive, except two (statements 11 and 13), which was inverted before the mean and total scores were determined. A higher overall score on the EBPB indicated a more positive belief in EBP. Overall scores varied from 16 to 80. Part 2: The Evidence-Based Practice Implementation Scale (EBPI) consists of eighteen statements regarding the respondent's real use of EBP in a clinical environment. Over the course of the last eight weeks, students were asked to rate how frequently they have utilized these statements. The responses were rated on a Likert scale with a range of 0 to 4 points (0 = 0 times, 1 = 1–3 times, 2 = 4–5 times, 3 = 6–8, and 4 = 8 times). The total score varied from 0 to 72, with a higher score denoting a more frequent usage of EBP.

Administrative Process

The nursing faculty was given consent by the appropriate authorities after explaining the purpose of the study.

Validity & Reliability

Researchers are going to develop a research tool. This tool was built using a current review of pertinent research. Text was converted from Arabic to English and back again by the application. A group of elven experts with backgrounds in nursing, medical biostatistics, and density will evaluate the tool's face validity. The degree to which an instrument seems to measure what it is supposed to measure is known as face validity. The experts will probably evaluate the tool's comprehensiveness, simplicity, clarity, relevance, and ease of use. They were offered suggestions and modifications to the product to enhance it based on their knowledge. After speaking with specialists, the researchers put the suggested changes and additions into practice to enhance the tool's readability, importance, comprehensiveness, simplicity, and utility. The study tool's reliability was evaluated using Cronbach's alpha, a statistical measure that evaluates the internal consistency or reliability of a scale or questionnaire; higher numbers on a scale of 0 to 1 indicate greater dependability.

Study Preparation

A rigorous approach is necessary while gathering data from nursing students on paper in order to accomplish successful data collection. Online surveys, which are frequently used in research worldwide, are one of the many approaches to engage nursing students. Distributing an online survey created with Google Forms or comparable software is one strategy. This poll can be distributed via email and popular social media sites like Facebook and WhatsApp. Usually, the process starts with a link to the online questionnaire and a description of the study's goal. By providing students with tools or instructions to help them finish the survey, the caliber of responses can also be raised. Before the survey may start, the participating students' consent must be acquired. This consent can be obtained while students fill out the online survey, ensuring that all ethical standards are adhered to throughout the data collection process. To maintain their interest and encourage participation, students might be prompted to fill out the survey frequently. Consistent contact is necessary to maintain a high response rate and collect valuable data from nursing students.

Pilot Study

10% of students participated in a pilot study to make sure the tool is comprehensive and easy to understand; these students were not counted among the total number of students.

Statistical Analysis

The data were analyzed using IBM's Statistical Package for the Social Sciences (version 20.0), and they were entered into a computer for analysis; the means, standard deviations, frequencies, and percentages of the variables were computed and described. Inferential statistics were computed using independent t-tests, one-way ANOVA, and Pearson correlations to test for differences and relationships between variables; a p-value of < 0.05 was used as the criterion for statistical significance.

Ethical Considerations

The Institutional Review Board that granted ethical approval for the study was the IRB at Riyadh Elm University (the University). The IRB found that this study is consistent with the ethical standards set forth by the University and gave its approval based upon FUGRP/2025/407/1225/1107 as an approved research study. The study was conducted according to all of the ethical guidelines laid out in the Declaration of Helsinki. Participation in the study was voluntary, and at no time before data collection were any participants informed of the purpose or methods employed in carrying out the study. All participants were electronically consented before responding to the questionnaires that were used for the study. Participants were assured that all responses were confidential and anonymous to the researcher and that they had the right to withdraw from the study at any time, for any reason, without penalty or consequence. No identifying information was requested or kept about the participants.

Results

Table 1: Frequency Distribution of Demographic Variables

Variables	Categories	Frequency	Percentage
Age	Less than 20 years old	25	8.53%
	20 – 22 years old	135	46.58%
	23-25 years old	96	32.76%
	26 – 30 years old	22	7.51%
	More than 30 years old	15	5.12%
Gender	Male	97	33.11%
	Female	196	66.89%
Residence	Rural	85	29.01%
	Urban	208	70.99%
Marital status	Single	240	81.91%
	Married	48	16.38%
	Divorced	5	1.71%
Achievement status	Fair	1	0.34%
	Good	25	8.53%
	Very Good	82	27.99%
	Excellent	185	63.14%
Student Level	First year	8	2.73%
	Second Year	133	45.39%
	Third Year	96	32.77%
	Fourth Year	36	12.49%
	Graduated	10	3.41%
	Internship	2	0.68%
Previous EBP Training	No	224	76.45%
	Yes	69	23.55%

The table 1 presents the demographic characteristics of the study participants. Based on the results above, there are 293 nursing students that comprised the total study participants of this research. The majority of the nursing students were female which consist of about two-thirds of the respondents (66.89%) as male outnumbered to 33.11%. These young nursing students are majority under aged 20-22 years old as 46.58% while aged 23-25 were 32.76%.

As for residences, most of the nursing students lived in urban areas particularly in Riyadh City. They comprised of 208 or 70.99% of the total study participants. They were basically single as their marital status with 81.91% or 240 out of 293 nursing students.

Looking on their academic achievement based on GPA, they were mostly excellent having 185 of 293 students (63.14%). Most of the nursing students here were second year level representing 133 or 45.39% of the total respondents. The interns were only 0.68% of 2 students only. Notably, most of them do not have previous evidenced-based training attended (76.45%). This clearly shows a clear gap in the availability of having formal training with regards to EBP evidenced-based practice.

Table 2: The Level of Nursing Students Evidence-Based Practice Belief

Category	Score Range	Frequency	Percentage	Mean Score	Standard deviation
High	59 - 80	232	79.18%	60.30	11.07
Moderate	38 - 58	44	15.02%		
Low	16 - 37	17	5.80%		

Table 2 shows the level of nursing students' evidence-based practice beliefs. Based on the table above, it shows that the majority of the nursing students possessed a high level of belief. A mean score of 60.30 indicates that the study participants value the importance of EBP in the nursing discipline. Since 79.18% of the nursing students believe in the importance of EBP, this depicts a positive and strong disposition towards research integration into nursing practice.

Notably, the nursing students value the evidence-based practice. This implies that evidence-based methodology was integrated into the current nursing curriculum. Even though the majority of the nursing students have no previous training on EBP, the nursing students greatly understand the professional value of evidence-based practice to the standards of care for nursing practice.

Table 3: The Level of Nursing Students Evidence-Based Practice Implementation

Category	Score Range	Frequency	Percentage	Mean Score	Standard deviation
High	66 - 90	227	77.47%	58.16	10.22
Moderate	42 - 65	49	16.72%		
Low	18 - 41	17	5.80%		

The table 3 presents the level of nursing student's level of evidenced based practice implementation. It can be seen on the table; most of the nursing students have a high level of evidenced based practice implementation. They garnered 66 to 69 scores achieving a 77.47% of the total study participants. While the moderate to low levels were approximately 16.72% to a low of 5.08%.

The table above indicates more than two-thirds of the nursing students demonstrated a high EBP implementation. This suggest that the nursing students seeking out research with evidenced based practice and used clinical guidelines as they implement the EBP to their practice. Remarkably, the high level of EBP implementation is less than the EBP belief indicating a disparity. This was affected by some external barriers such as limited resources, lack of time or busy schedules.

Table 4: Correlations between EBP Belief and EBP Implementation

Category	N	Test Statistics	Pearson statistics	p-value	Result	Interpretation
EBP Belief VS EBP Implementation	293	Pearson Correlation Coefficient	0.178	<0.001	Strong Positive Correlations	Statistically Significant

*Significance level p<0.05

The table above presents the significant relationship between the EBP belief and EBP implementation. Based on the results, there is a positive correlation indicating the increased in the EBP belief of the nursing students, increases also the quality and frequency of the evidence-based practice implementation. While it is considered strong positive correlation, the Cohen's criteria considered the value of 0.178 as a small or weak correlation.

Despite having a good attitude of nursing students towards valuing research, their good attitude regarding evidence based practice does not necessarily lead to nurse clinical practice utilization. Having the weak correlation indicates the presence of external barriers which prevents from the nursing students to act on what their EBP beliefs had. This represents the presence of gaps. To resolve these gaps, the nursing education should teach not just only the importance of research (building EBP belief) but also merely focus on practical stragteies to overcome external barriers to improve EBP implementation.

Table 5: Significant Differences on the level of EBP Belief across Demographic Profile

Category	N	Statistics	T/F value	p-value	Result	Interpretation
Age	293	ANOVA	2.587	<0.001	Reject the H_0	Statistically Significant
Gender	293	T test	-0.759	0.449	Accept the H_0	Not Statistically Significant
Residence	293	T test	-0.041	0.969	Accept the H_0	Not Statistically Significant
Year Level	293	ANOVA	3.099	0.016	Reject the H_0	Statistically Significant
Marital Status	293	ANOVA	3.993	0.008	Reject the H_0	Statistically Significant
Academic Achievement	293	ANOVA	1.189	0.314	Accept the H_0	Not Statistically Significant
EBP Training	293	T test	-1.826	0.069	Accept the H_0	Not Statistically Significant

*Significance level 0.05

The table above illustrates the Differences on the level of EBP Belief when grouped according to their Demographic background. Based on the statistical results, the age, nursing level and the marital status of the nursing students were statistically significant under 0.05 level of significance. This infers that nursing student's maturity and experiences matters. This means that the nursing student's perspective about evidence based practice changes. More respondents exposed to research more likely solidify their evidence based practice beliefs.

Despite the not statistically significant for the previous EBP training (0=0.069), it becomes closed to significance level of 0.05. This suggests that those nursing students with training and without EBP training almost have the same levels of beliefs. It may be observed that the training attended might not be focusing on the building philosophical belief and not only the technical skills.

Since academic achievement is not significant (0.314), this infers that even the nursing students with average level can have EBP belief high levels. Evidence based practice is part of the course of the nursing curriculum which is evidently observed among the students in the classroom. Thus, the nurse educators should develop more foundational EBP beliefs to understand the value of research in the nursing practice and the EBP application.

Table 6: Significant Differences on the level of EBP Implementation across Demographic Profile

Category	N	Statistics	T/F value	p-value	Result	Interpretation
Age	293	ANOVA	1.713	0.019	Reject the H_0	Statistically Significant
Gender	293	T test	1.323	0.189	Accept the H_0	Not Statistically Significant
Residence	293	T test	0.422	0.690	Accept the H_0	Not Statistically Significant
Year Level	293	ANOVA	2.435	0.048	Reject the H_0	Statistically Significant
Marital Status	293	ANOVA	4.353	0.005	Reject the H_0	Statistically Significant
Academic Achievement	293	ANOVA	2.492	0.060	Accept the H_0	Not Statistically Significant
EBP Training	293	T test	-3.922	<0.001	Reject the H_0	Statistically Significant

*Significance level 0.05

The table above presents the significant differences in the level of EBP Implementation across the demographic profiles. The results show that demographic variables are associated with the EBP implementation. The findings have shown that EBP training is not significant, making it the strongest predictor of whether the evidence-based practice is being applied or implemented. The EBP training provides a better application to nursing practice. It focuses more on developing skills in how to execute the evidence-based practice rather than increasing the value of research.

According to the table, the age ($p<0.019$) and nursing level ($p<0.048$) are statistically significant for EBP implementation. This means that as the nursing students mature, they are more likely to be exposed to evidence more than just textbooks. This clearly shows that as nursing progresses; they encounter complexity towards evidence-based practice (maturity effects). Furthermore, the marital status ($p<0.005$) showed a significant level. This implies a relationship with age and life experiences, as they progress to different nursing levels, they will be exposed to more EBP standards.

Discussion

The present study focused on the nursing students' EBP beliefs and evidence-based practice implementation. Based on the results of this study, the 273 nursing students received a strong integration of EBP know-how (technical skills) based on the curriculum of nursing. The findings have shown a 79.18%, a much more favorable EBP beliefs and 77.47% much stronger EBP implementation. EBP as part of the nursing curriculum is the underpinning of the nursing course, using research and clinical judgment that are implemented in the clinical setting, affecting clinical decision-making. This practice enhances quality, safety, and care as it is based on scientifically proven knowledge [9]. The EBP is critical to facilitating an effective, safe, and sustainable nursing practice [10].

The findings revealed that the study participants were largely female (66.89%), mostly falling under the age 20-22 years old (46.58%) and living in urban areas (70.99%). These represent the Saudi young adults who are digital natives with immediate access to one of the components of EBP, which is the information technology. Remarkably, there are more students who have excellent academic status (63.14%) but do not have a formal training to EBP (76.45%). This result highlights a significant gap as nursing students perform well academically while needing EBP training to navigate complex research methodologies. Similarly, studies of [11] have shown that participants have low EBP technical implementation while having good academic standing, which requires skills familiarity with research tools [12]. elucidated that nursing students were not always equip with EBP skills that constrain the readiness of the nursing students in initiating an EBP program.

Notably, the findings revealed that nursing students demonstrated a high level of evidence-based belief (79.18%) and EBP implementation (77.47%). This indicates that nursing students understand the role of nursing research as part of professional standards of care. While disparity emerges between belief and implementation, the nursing students may be facing hurdles in applying research in a real-world setting [13]. Explained that limited time due to heavy workloads and a dearth of nurses were factors that impact EBP implementation. Similar to the current study, a lack of EBP training is required for the application of research evidence. EBP may need resources and encouragement, which often requires collaboration and teamwork to prevent hurdles in EBP implementation. She reiterated that financial limitations and a dearth of tool access can restrict the EBP adoption. A consistent set of clinical guidelines to maintain the effectiveness of the EBP implementation.

The weak correlation between EBP belief and implementation is a critical finding. This implies that good EBP belief alone is not enough to guarantee clinical utilization. Several external factors affect the implementation, such as preceptorship, clinical environment, and institutional support. The present study found that maturity and experience play an important role in solidifying a belief system regarding EBP. Yet, the curriculum effect and academic achievement do not significantly affect belief ($p<0.314$), which connotes the integration of evidenced based practice (EBP) in the nursing curriculum is successful as it instill the value to all students [14]. Recommends that nurses should be empowered with the EBP competencies through continuous education and engagement [15]. Explain that for the EBP implementation be transformed, it requires an exciting team vision and clear expectations to be delivered it in the healthcare system. It should be integrated in the golden circle of the institution.

The gender is not a predictor in the EBP belief and implementation aligns with other studies suggesting nursing education has provided a gender-equitable instruction [16]. The residence and academic achievement also found to be not significant towards EBP belief and implementation. This is maybe due to the nursing education's impact on pedagogical quality and professional standards rather than academic performance. In contrast, previous studies have shown that EBP cultures are associated with an increase in patient safety and quality in the healthcare system [17]. In the Saudi context, cultural change is one of the requirements to make the EBP a viable success.

Limitation of the Study

There are a few limitations to this study's results that need to be taken into account when determining what this study's results mean. The cross-sectional design does not allow the establishment of cause-and-effect relationships between EBP beliefs and their implementation. This study was conducted at a single private university in Saudi Arabia, which raises doubt about the generalizability of the results to nursing schools other than the one studied or to other healthcare settings. Also, responses to self-reported surveys create the opportunity for response bias or socially desirable responding. Data collection was also done using purposive sampling methods, limiting the generalizability with respect to the representativeness of the sample. Future researchers are encouraged to conduct studies at multiple locations, utilize longitudinal designs, and include observational approaches to enhance understanding of EBP beliefs and implementation for nursing students.

Conclusion

The results of this study suggest that positive beliefs about EBP exist among undergraduate nursing students, along with a corresponding degree of EBP adoption. Although there was a statistically significant relationship between EBP beliefs and adoption, there was only a weak correlation between the two variables, which indicates that having positive attitudes towards EBP may not be enough to encourage the consistent use of EBP within clinical practice. There were significant relationships between age, level of education, marital status, and both EBP beliefs and EBP adoption. There was also a significant relationship between the adoption of EBP and prior experience with EBP; however, previous EBP education was significantly associated only with EBP adoption. Therefore, it is important to include a strong emphasis on providing structured EBP curriculum, practical application of EBP in clinical settings, and mentoring in EBP during undergraduate nursing programs to enhance the competencies of nursing students and assist in the translation of research into nursing practice.

Recommendations

Based on the conclusion, the following recommendations were drawn:

1. Create a structured module on EBP to be implemented at each level of the nursing curriculum. These modules will enhance nursing students' critical appraisal and practical implementation of the research.
2. Develop a training program to strengthen the EBP belief, including its practical competencies such as formulating clinical questions, searching for evidence, critical appraisal, and applying evidence to nursing practice to enhance implementation capacity.
3. The nurse intern during their clinical training should be provided with clinical mentorship, adequate time, and an evidence-based database to minimize implementation barriers to evidence-based practice.
4. Conduct a spiral curriculum approach to revisit the EBP and reinforce the EBP competencies continuously. Implementing to all academic levels will help develop the EBP beliefs and EBP implementation skills among nursing students.
5. Similar studies should be conducted to generalize the findings of the study. Future studies should use longitudinal research in order to monitor changes in the EBP belief and implementation.

Data Availability

The data used in the present study are not available to others in order to protect the privacy of the participants. However, they are available from the corresponding author upon reasonable request.

Declaration of Interests

Conflicts of interest the authors have no financial or even relevant non-financial interests in the material presented here.

Conflict of Interest Statement

The authors have no conflicts of interest for this study.

Acknowledgments

The researchers are extremely grateful to all who participated in the conduct of this study, especially the nursing students, for their support and cooperation during the course of this study.

Funding

The authors declare that there are no competing financial or non-financial interests related to this manuscript.

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