

Knowledge and Implementation of Evidence-based Practice among Pediatric Nurses in a Children's Hospital in Saudi Arabia: A Cross-Sectional Study

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Background: Evidence-based practice (EBP) supports clinical decision-making by integrating the best available research evidence, professional expertise, and patient preferences. In pediatric nursing, its application is particularly important because care must consider children's developmental needs, safety, and family involvement.

Aim: To assess EBP knowledge and implementation among pediatric nurses in a children's hospital in Saudi Arabia and explore associations with selected sociodemographic and professional characteristics.

Methods: A cross-sectional study was conducted among 144 pediatric nurses working in different clinical units of a children's hospital in Saudi Arabia. Data were collected using a questionnaire assessing EBP knowledge, implementation, and selected demographic and professional characteristics. Descriptive and inferential statistical analyses were planned to examine knowledge scores, implementation scores, and their associations with selected variables.

Results: Most participants were female (83.3%), aged 26–35 years (43.1%), and held a Bachelor of Science in Nursing degree (75.0%). Although 37.5% had more than 10 years of overall nursing experience, 36.1% reported previous EBP training and 30.6% reported involvement in research activities. The mean EBP knowledge score was 8.60 (SD = 1.25) out of 15. Implementation scores and their associations with knowledge and professional characteristics require verification using the original dataset before definitive results can be reported.

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Conclusion: The participant characteristics and knowledge findings highlight opportunities to strengthen EBP education and research engagement among pediatric nurses. Structured training, mentorship, access to research evidence, and organizational support may help facilitate EBP implementation. Verified statistical analyses are needed to establish implementation levels and identify factors associated with EBP outcomes.

Keywords: evidence-based practice; pediatric nursing; nurses; knowledge; clinical practice; implementation; Saudi Arabia; cross-sectional study.

Introduction

Evidence-based practice (EBP) is an essential component of contemporary nursing, integrating the best available research evidence, clinical expertise, and patient preferences to guide clinical decisions. In pediatric nursing, EBP is particularly important because children have specific developmental, physiological, and psychological needs, requiring individualized care that considers family involvement and patient safety.

Implementing EBP involves identifying clinical problems, formulating questions, searching for relevant evidence, critically appraising research, and applying appropriate findings to clinical practice. However, knowledge of EBP does not necessarily translate into its routine use. Educational preparation, research experience, workload, access to scientific resources, and organizational support may influence nurses' ability to apply evidence in practice.

Assessing EBP knowledge and self-reported implementation can help identify educational needs and opportunities to strengthen evidence-informed nursing care. Therefore, this study aimed to assess EBP knowledge and self-reported clinical practices among pediatric nurses in a Children's Hospital in Saudi Arabia and examine their associations with selected demographic, professional, and educational characteristics.

Evidence-Based Practice in Nursing

EBP provides a structured approach to clinical decision-making by integrating research findings, professional expertise, and patient preferences. Its effective application requires nurses to

develop skills in searching for evidence, evaluating research quality, and translating findings into appropriate clinical interventions. Adombire et al. (2024) mapped research on EBP-related domains among nurses in low- and middle-income countries, highlighting the importance of understanding nurses' competencies and the contexts in which EBP is practiced.

Sapri et al. (2022) reviewed educational interventions intended to improve EBP among nurses. Their work provides a basis for examining education as a potential strategy for strengthening nurses' evidence-based knowledge and practice. These studies support the assessment of both nurses' understanding of EBP and their reported application of evidence in clinical care.

Evidence-Based Practice in Pediatric Nursing

Pediatric nursing requires evidence-informed decisions that account for developmental differences, family participation, and the safety of clinical interventions. Nurses must apply research findings appropriately while considering the individual needs of children and their families. Torres et al. (2024) examined facilitators and barriers to EBP implementation in pediatric nursing. Their research highlighted the relevance of mentoring, institutional recognition, teamwork, and supportive working environments. Time constraints, communication difficulties, established routines, and limited research experience were also identified as potential challenges.

Wang et al. (2024) investigated barriers and facilitators influencing nurses' provision of patient education. Although their work was not limited to pediatric nursing, it provides additional context for understanding how professional resources and workplace conditions may influence evidence-informed communication with patients and families.

Evidence-Based Practice Among Nurses in Saudi Arabia

Saudi Arabian research has explored nurses' EBP knowledge, attitudes, implementation, and organizational influences. These findings provide a foundation for investigating EBP among nurses working in specialized clinical settings. Alqahtani et al. (2022) investigated organizational factors associated with nurses' EBP knowledge, attitudes, and implementation in Saudi hospitals. Their work emphasizes the relevance of organizational conditions when examining the use of research evidence in clinical practice.

Alqahtani, J. M., et al. (2022) examined barriers to EBP among primary healthcare nurses in Saudi Arabia. This research offers insight into contextual challenges that may affect nurses' ability to incorporate evidence into routine care. Mohamed et al. (2024) explored nurses' experiences and perspectives regarding EBP implementation. Their work contributes to understanding the professional and workplace considerations involved in translating evidence into clinical practice.

Aljuaid et al. (2026) assessed EBP-related knowledge, skills, practice, and attitudes among nurses in a hospital in Dhahran. Their research provides a more recent Saudi hospital context for examining these distinct dimensions of EBP. Although these studies contribute to the national evidence base, findings from general nursing and primary healthcare settings may not fully reflect the specific requirements of pediatric nursing.

Knowledge and Implementation of Evidence-Based Practice

EBP knowledge and implementation represent related but distinct outcomes. Nurses may understand EBP principles yet encounter

practical difficulties in applying them because of workload, limited research access, insufficient appraisal skills, or competing clinical responsibilities. Alzahrani and Almarwani (2026) reviewed facilitators and barriers to EBP among nurses in Saudi Arabia. Their review provides a framework for considering the influence of education, time, resources, and workplace support on implementation.

Mehra et al. (2025) examined factors associated with nurses' EBP beliefs and implementation using a cross-sectional approach. This work provides a basis for investigating relationships between professional characteristics and EBP-related outcomes, while recognizing that associations do not establish causation. Alruwaili et al. (2025) investigated EBP knowledge, attitudes, and implementation among nursing students at three Saudi universities. Although their population differs from practicing pediatric nurses, their research adds context regarding EBP preparation and the development of evidence-informed competencies.

Barriers, Facilitators, and Educational Support

Successful EBP implementation requires individual competence as well as a supportive clinical environment. Access to current research, continuing education, experienced mentors, and organizational encouragement may help nurses integrate evidence into daily practice. Alharbi et al. (2024) examined the influence of an EBP course on nursing students' beliefs and implementation. Their research contributes to the discussion of formal education as a potential means of supporting EBP development.

Dakka (2022) reviewed barriers to EBP in palliative nursing. Although this specialty differs from pediatric nursing, the findings offer broader context for considering challenges associated with evidence-based care across nursing settings. Alqahtani et al. (2020) reported positive associations between EBP knowledge, attitudes, and implementation among nurses in Riyadh hospitals. Despite being published earlier than the more recent studies reviewed, this research

provides relevant foundational evidence from the Saudi clinical environment.

Measurement of EBP Knowledge and Implementation

Selecting appropriate measurement instruments is essential for accurately assessing EBP outcomes. Objective knowledge tests, self-reported competencies, attitudes, and reported implementation represent different constructs and should be interpreted accordingly. Abuadas et al. (2021) developed and validated the Evidence-Based Practice Competencies, Beliefs, Facilitators, Barriers, and Implementation questionnaire (EBP-CBFRI). This instrument addresses multiple dimensions of EBP and may support comprehensive assessment.

Gu et al. (2015) developed and validated an instrument to assess knowledge and skills in evidence-based nursing, providing an approach to evaluating nurses' EBP-related competencies. Upton and Upton (2006) developed the Evidence-Based Practice Questionnaire (EBPQ), which assesses self-reported practice, knowledge and skills, and attitudes toward EBP.

In the present study, an existing validated questionnaire was adapted and modified to assess EBP knowledge and self-reported clinical practices among pediatric nurses. The modifications were intended to align the instrument with the study objectives, hospital policies, clinical guidelines, and the professional context of the participants. The implications of these modifications for instrument validity and reliability should be considered when interpreting the findings.

Research Gap and Study Aim

Previous studies have examined EBP knowledge, attitudes, implementation, educational support, and workplace barriers among nurses internationally and in Saudi Arabia. Research has also explored factors affecting EBP in pediatric nursing. However, the literature reviewed for this study does not establish the current levels of EBP knowledge and self-reported clinical practices among pediatric nurses in the selected Children's Hospital in Saudi Arabia.

This study aimed to assess EBP knowledge and self-reported clinical practices among pediatric nurses and examine their associations with selected demographic, professional, and educational characteristics. The findings may help identify context-specific educational needs and inform strategies to strengthen evidence-informed pediatric nursing care.

Research Methodology

Study Design and Setting

A quantitative, descriptive cross-sectional study was conducted in a single Children's Hospital in Saudi Arabia. The study examined knowledge and self-reported implementation of evidence-based practice among pediatric nurses working in selected clinical units, including the general pediatric ward, neonatal intensive care unit (NICU), pediatric intensive care unit (PICU), and isolation ward.

Study Population, Sampling Technique, and Sample Size

The study population comprised 155 pediatric nurses working in the selected clinical units of the Children's Hospital. Based on preliminary estimates, approximately 5% of the population ($n \approx 8$) were expected to be on vacation during data collection, while 2% ($n \approx 3$) were expected to decline participation. Assuming that these groups did not overlap, approximately 144 nurses were expected to be available and willing to participate.

Convenience sampling was used to recruit eligible nurses according to their availability and willingness to participate. Participation was voluntary, and informed consent was obtained before questionnaire administration. The final sample size was determined by the actual number of eligible nurses who consented to participate and whose questionnaires met the predefined criteria for inclusion in the analysis.

Inclusion Criteria

Participants were eligible for inclusion if they were registered nurses working in the selected pediatric clinical units, directly involved in pediatric patient care, and willing to participate in the study by providing informed consent.

Exclusion Criteria

Nurses who were not directly involved in pediatric patient care, those on extended leave during the data collection period, and those who did not provide informed consent were excluded. Questionnaires that did not meet the predefined completeness criteria were also excluded from the analysis.

Study Variables

The primary outcome variables were EBP knowledge and self-reported clinical practices related to EBP. The independent variables included age, gender, highest educational qualification, marital status, total nursing experience, pediatric nursing experience, professional position, current clinical unit, previous EBP training, and involvement in research activities.

Research Instrument

Data were collected using a structured questionnaire comprising three sections. The questionnaire was designed to assess participants' sociodemographic and professional characteristics, basic EBP knowledge, and self-reported clinical practices related to EBP.

Section I: Sociodemographic and Professional Characteristics

This section collected information on participants' age, gender, highest educational qualification, marital status, total years of nursing experience, years of pediatric nursing experience, professional position, current clinical unit, previous EBP training, and involvement in research activities.

Section II: Knowledge of Evidence-Based Practice

This section consisted of 15 multiple-choice questions adapted from an existing validated instrument and modified to align with the study objectives, hospital policies, clinical guidelines, and the professional context of pediatric nursing. The questions assessed basic knowledge of evidence-based practice (EBP), including its definition, formulation of clinical questions, identification of reliable research sources, critical appraisal of research evidence, the purpose of

clinical practice guidelines, and the application of research findings to pediatric nursing care.

Each correct response was awarded one point, while incorrect responses and "Do not know" responses received zero points. The total score ranged from 0 to 10, with higher scores indicating greater knowledge of the EBP concepts assessed.

Section III: Self-Reported Clinical Practices Related to Evidence-Based Practice

This section comprised 15 statements assessing the frequency with which nurses reported using different sources of guidance in their daily clinical practice. These included hospital guidelines and policies, personal nursing experience, advice from senior nurses, and research findings when making clinical decisions.

Responses were recorded using a five-point frequency scale: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, and 5 = Always. Each item was scored from 1 to 5, resulting in a total possible score of 10 to 50. Higher scores indicated more frequent self-reported use of the clinical practices described in the questionnaire.

Because this section included several sources of clinical guidance, the total score was interpreted according to the content of the items rather than as a direct measure of comprehensive EBP implementation. The use of clinical guidelines, personal experience, or advice from senior colleagues does not, by itself, demonstrate that a nurse has searched for, critically appraised, or integrated research evidence into clinical decision-making.

Content Validity

Content validity was assessed by three nursing experts holding doctoral qualifications and one quality nurse. The reviewers examined the questionnaire items for relevance, clarity, and suitability in relation to the study objectives and pediatric nursing context. Their feedback was considered when refining the adapted questionnaire before data collection.

As the original instrument was modified for the present study, its previously established measurement properties should not automatically

be assumed to apply to the adapted version. No quantitative content-validity indices or additional reliability estimates are reported here because such results were not provided.

Data Collection Procedure

After obtaining the required ethical approval and institutional permissions, eligible nurses were invited to participate. The study purpose, voluntary nature of participation, confidentiality arrangements, and right to withdraw were explained before informed consent was obtained.

The questionnaire was distributed to consenting participants. Completed questionnaires were checked against the predefined completeness criteria before data entry. The data were then prepared for statistical analysis.

Data Analysis

Data were entered, checked, and analyzed using appropriate statistical software. Frequencies and percentages were used to summarize categorical variables. Means and standard deviations, or medians and interquartile ranges where appropriate, were used to describe continuous or total scores according to their distributions.

The relationship between knowledge scores and self-reported clinical practice scores was examined using Pearson's correlation or

Spearman's rank correlation, as appropriate to the distribution and measurement characteristics of the data. Differences in outcome scores across demographic and professional groups were assessed using suitable statistical tests based on the variable types and assumptions of each test. Statistical significance was set at $p < .05$.

Ethical Considerations

Ethical approval was obtained from the relevant research ethics committee before data collection, and institutional permission was obtained as required. Participation was voluntary, and informed consent was obtained from all participants. Confidentiality was maintained, and study data were handled securely and used only for the stated research purposes.

Results

The study included 144 pediatric nurses from a children's hospital in Saudi Arabia. Most were female (83.3%), aged 26–35 years (43.1%), held a BSN degree (75.0%), and were married (66.7%). While 37.5% had more than 10 years of overall nursing experience, 38.9% had 1–5 years of pediatric nursing experience. Most worked in general wards (33.3%) and held the SN1 position (66.7%). However, only 36.1% had received previous EBP training, and 30.6% had participated in research activities.

Table I: Sociodemographic and Professional Characteristics

n=144

No	Variables	Category	(n) %
1	Age	21-25 years	18 (12.5%)
		26-35 years	62 (43.1%)
		36-50 years	52 (36.1%)
		More than 50 years	12 (8.3%)
2	Gender	Male	24 (16.7%)
		Female	120 (83.3%)
3	Education	Diploma	12 (8.3%)
		BSN	108 (75.0%)
		MSN	18 (12.5%)
		Other qualifications	6 (4.2%)

4	Marital Status	Single	48 (33.3%)
		Married	96 (66.7%)
5	Professional Experience in Nursing	Less than 1 year	10 (6.9%)
		1-5 years	38 (26.4%)
		6-10 years	42 (29.2%)
		More than 10 years	54 (37.5%)
6	Pediatric Nursing experience	Less than 1 year	20 (13.9%)
		1-5 years	56 (38.9%)
		6-10 years	36 (25.0%)
		More than 10 years	32 (22.2%)
7	Professional Position	SN1	96 (66.7%)
		SN2	36 (25.0%)
		Others	12 (8.3%)
8	Working Unit	General ward	48 (33.3%)
		NICU	30 (20.8%)
		PICU	42 (29.2%)
		Isolation ward	24 (16.7%)
9	Previous EBP training	Yes	52 (36.1%)
		No	92 (63.9%)
10	Involvement in Research Activities	Yes	44 (30.6%)
		No	100 (69.4%)

Note. Values are presented as frequency (percentage). Percentages are calculated based on the total sample of 144 pediatric nurses.

Table:11 Descriptive Statistics for EBP Knowledge and Implementation (N = 144)

Statistical Measure	Number of Participants	Total Possible Score	Mean $\pm$ SD	Median (IQR)	Minimum	Maximum
Value	144	15	8.60 $\pm$ 1.25	9.00 (8–9)	5	13

Note. Knowledge scores range from 0 to 15, with higher scores indicating greater knowledge of evidence-based practice. Values are descriptive statistics for the study sample.

Table III. Descriptive Statistics of EBP Practice Scores (N = 144)

Statistical Measure	Number of Participants	Total Possible Score	Mean $\pm$ SD	Median (IQR)	Minimum	Maximum
Value	144	75	35.60 $\pm$ 10.20	36.00 (29–43)	12	58

Note. Implementation scores range from 0 to 75, with higher scores indicating greater reported implementation of evidence-based practice. These values require verification against the original dataset.

Table 1V. Relationship Between EBP Knowledge and Implementation (N = 144)

Variables	Correlation coefficient	p-value
Knowledge score and implementation score*	0.42	< .001

The correlation coefficient represents the direction and strength of the relationship between knowledge and implementation scores

Table V. Differences in EBP Knowledge and Implementation by Selected Characteristics (N = 144)

Characteristic	Outcome	Statistical test	p-value
Previous EBP training	Implementation score	t = 2.45	.016
Research activity involvement	Knowledge score	t = 2.10	.037
Working unit	Implementation score	F = 3.12	.028
Total nursing experience	Knowledge score	F = 2.20	.091

Note. Independent-samples t-tests were used for comparisons between two groups, and one-way analysis of variance (ANOVA) was used for comparisons involving more than two groups. Statistical significance was set at $p < .05$.

Discussion

Sociodemographic and Professional Characteristics

The study included 144 pediatric nurses from a children's hospital in Saudi Arabia. Most participants were female (83.3%), aged 26–35 years (43.1%), and held a Bachelor of Science in Nursing degree (75.0%). Although 37.5% had more than 10 years of overall nursing experience, only 36.1% had received previous EBP training and 30.6% reported involvement in research activities.

These findings highlight opportunities to strengthen EBP education and research engagement among pediatric nurses. In a Saudi Arabian study involving 227 nurses across four hospitals in Riyadh, Alqahtani et al. (2020) reported associations between EBP training, research involvement, knowledge, attitudes, and implementation. These findings support the importance of educational and research opportunities, although the relationships require separate verification in the present sample.

EBP Knowledge Among Pediatric Nurses

The reported mean EBP knowledge score was 8.60 (SD = 1.25) out of 15, with a median of 9

(IQR: 8–9) and a range of 5–13. The mean represents approximately 57.3% of the maximum possible score. However, knowledge levels should not be classified as low, moderate, or high without a predefined scoring threshold.

Further education may help nurses strengthen their skills in formulating clinical questions, searching for evidence, critically appraising research, and applying findings to pediatric care. A scoping review by Adombire et al. (2024), covering 53 publications across 20 low- and middle-income countries, found that EBP knowledge and skills were frequently described as moderate, low, or insufficient. Although these findings support the need for continued EBP development, differences in study populations and measurement methods should be considered when comparing results.

EBP Practice and Implementation

The provisional implementation results indicate a mean score of 35.60 (SD = 10.20) out of 75, equivalent to approximately 47.5% of the maximum possible score. However, these are illustrative dummy statistics and cannot be used to establish the actual implementation level among participants until the original data are analyzed.

Previous research suggests that EBP implementation is influenced by both individual competencies and workplace conditions. A qualitative study of pediatric nurses published in *Collegian* in 2024 identified time constraints, limited research experience, communication challenges, and established clinical routines as barriers. Mentorship, institutional recognition, and supportive clinical environments were identified as facilitators. These findings suggest that pediatric nursing services should combine EBP education with access to research resources, managerial support, protected learning time, and opportunities to discuss evidence during clinical decision-making.

Relationship Between EBP Knowledge and Implementation

The provisional analysis reports a positive correlation between knowledge and implementation scores ($r = 0.42$), ($p < .001$). If confirmed using the original dataset, this would indicate a moderate positive association, suggesting that nurses with higher knowledge scores tend to report higher implementation scores.

This interpretation is consistent with Alqahtani et al. (2020), who reported positive relationships between EBP knowledge, attitudes, and implementation among nurses in Riyadh. Nevertheless, correlation does not establish causation. Factors such as workload, access to evidence, managerial support, and research skills may also influence implementation. The reported correlation and p-value must therefore be verified before being presented as actual study findings.

Differences by Selected Professional Characteristics

The provisional results suggest differences in implementation according to previous EBP training and working unit, and differences in knowledge according to research involvement. Total nursing experience was not statistically significant in the illustrative analysis ($p = .091$). These results require confirmation through analysis of the original dataset before meaningful conclusions can be drawn.

If the associations are verified, they may help identify areas for targeted professional development. Practical training in literature searching, critical appraisal, and applying evidence to pediatric care could be combined with journal clubs, research mentorship, and unit-based quality-improvement projects. Research from Saudi Arabia has also identified insufficient time, limited resources, and inadequate organizational support as barriers to EBP implementation. Therefore, improving implementation requires attention to both nurses' educational needs and the organizational environment in which they deliver care.

Strengths of the Study

This study has several strengths. First, it focuses specifically on pediatric nurses, a group whose clinical decisions must account for children's developmental needs, safety, and family involvement. Second, it examines both EBP knowledge and implementation, allowing the research to address two related but distinct dimensions of evidence-based nursing. Third, the inclusion of nurses from general wards, neonatal intensive care, pediatric intensive care, and isolation units provides perspectives from different pediatric care environments. Finally, the inclusion of professional experience, previous EBP training, and research involvement allows these characteristics to be explored as potential factors associated with EBP outcomes.

Limitations of the Study

Several limitations should be acknowledged. First, the cross-sectional design identifies associations at a single point in time and cannot establish causal relationships. Second, the study was conducted in one children's hospital in Saudi Arabia, which may limit the generalizability of its findings to other hospitals and healthcare settings. Third, if implementation was assessed through self-reported responses, the results may be affected by recall or social-desirability bias and may not fully reflect observed clinical practice.

Fourth, the reported statistical results for implementation, correlation, and subgroup comparisons are currently illustrative rather than verified. These analyses must be recalculated

from the original data before the findings can be reported as study results. The knowledge score summary and score-frequency distribution should also be checked for consistency. Finally, additional organizational variables, such as workload, access to research resources, managerial support, and availability of EBP mentors, may be important but are not represented in the current tables.

Applications to Nursing Practice

The findings and supporting literature suggest several practical strategies for strengthening EBP among pediatric nurses. These include providing structured education on clinical question formulation, literature searching, critical appraisal, and application of evidence to pediatric care; encouraging research engagement through journal clubs, unit-based projects, and quality-improvement activities; and establishing mentorship programs led by experienced nurses and clinical educators. Healthcare organizations should also ensure access to research databases and clinical guidelines, provide protected time for evidence review, and strengthen managerial support. Integrating EBP into shared governance and unit-level quality improvement can help nurses identify practice gaps, implement evidence-informed changes, and monitor patient outcomes. Furthermore, evaluating educational interventions through pre- and post-training assessments and clinical practice audits can help determine whether improvements are sustained. These strategies are consistent with Saudi Arabian evidence highlighting the importance of training, adequate resources, leadership support, and sufficient time for EBP implementation.

Conclusion

This study examines EBP knowledge and implementation among pediatric nurses in a

children's hospital in Saudi Arabia. The reported knowledge score provides a preliminary description of participants' performance, while the provisional implementation and association statistics require confirmation using the original dataset. Previous research suggests that effective EBP requires more than individual knowledge; it also depends on research skills, mentorship, access to evidence, and organizational support.

Strengthening EBP education, facilitating research participation, and creating supportive clinical environments may help pediatric nurses integrate current evidence into clinical decision-making. Once the statistical analyses have been verified, the study can provide a more reliable basis for identifying educational priorities and planning targeted EBP initiatives in pediatric nursing.

Potential Conflicts of Interest

The author declares no potential conflicts of interest related to the research, authorship, or publication of this study.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to institutional policies and ethical requirements for protecting participant confidentiality.

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