Research Article

Evidence-Based Practice Knowledge Among Pediatric Nurses in A Tertiary Care Hospital in Saudi Arabia: A Cross-Sectional Study

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ABSTRACT

Background: Evidence-based practice (EBP) supports informed clinical decision-making and the delivery of safe, high-quality nursing care. Understanding EBP knowledge among pediatric nurses is important for identifying educational needs and strengthening evidence-informed practice.

Aim: To assess EBP knowledge among pediatric nurses in a tertiary-care hospital in Saudi Arabia and examine its associations with selected sociodemographic, professional, and educational characteristics.

Methods: A cross-sectional study was conducted among 144 pediatric nurses at a tertiary-care hospital in Riyadh, Saudi Arabia. Participants were recruited using convenience sampling. EBP knowledge was assessed using a researcher developed 15-item multiple-choice questionnaire, with total scores ranging from 0 to 15. Questionnaire were reviewed by three nursing experts and one quality nurse. Descriptive and comparative results were reported using frequencies, percentages, means, standard deviations and p-values.

Results: Of the 144 participants, 83.3% were female, 43.1% were aged 26–35 years, and 75.0% held a Bachelor of Science in Nursing degree. More than one-third (36.1%) reported previous EBP training, while 30.6% reported involvement in research. The mean EBP knowledge score was 8.60 ± 1.25 out of 15, with a median of 9.00 (IQR: 8–9) and a range of 5–13. Statistically significant differences in knowledge scores were reported according to educational qualification ($p = .030$), overall nursing experience ($p = .040$), previous EBP training ($p = .001$), and research involvement ($p = .010$). Nurses with previous EBP training and research involvement had higher mean scores than those without these experiences. No statistically significant differences were reported according to age ($p = .180$) or gender ($p = .420$).

Conclusion: The findings indicate opportunities to strengthen EBP knowledge among pediatric nurses, particularly through structured education and greater involvement in research activities. Ongoing professional development and organizational support may help promote evidence-informed nursing practice.

Keywords: evidence-based practice; knowledge; pediatric nurses; nursing research; professional development; Saudi Arabia.

INTRODUCTION

Evidence-based practice (EBP) is a fundamental approach to contemporary nursing, integrating the best available research evidence, clinical expertise, and patient preferences to inform healthcare decisions. Its application promotes systematic clinical reasoning, patient safety, appropriate care delivery, and continuous improvement in healthcare quality. Nurses require several competencies to implement EBP effectively, including identifying clinical problems, developing focused questions, searching scientific literature, critically evaluating research findings, and applying relevant evidence to individual patient needs. However, the availability of research information does not automatically translate into evidence-informed care; nurses must also develop the knowledge and skills necessary to interpret and use research findings in clinical practice (Melnyk et al., 2012).

The application of EBP is particularly important in pediatric nursing because children have specific developmental, physiological, and communication requirements. Clinical decisions must consider age, developmental maturity, underlying health conditions, family preferences, and the possible short- and long-term effects of interventions. Pediatric nurses therefore need reliable evidence to guide clinical assessment, medication administration, infection prevention, pain management, nutritional support, and family education. In a study examining EBP perceptions and competencies among pediatric healthcare professionals, Bartelt et al. (2011) identified educational and organizational factors influencing the application of EBP. Similarly, Maaskant et al. (2013) reported gaps in pediatric

nurses' familiarity with EBP terminology and research information sources. These findings emphasize the importance of developing EBP knowledge within pediatric nursing services.

International evidence indicates that nurses' positive attitudes towards EBP do not necessarily reflect adequate knowledge or practical competency. Li et al. (2024), in a systematic review and meta-analysis involving 11,363 nursing students and nurses from 13 countries, identified limitations in EBP knowledge and skills despite generally positive attitudes. In another systematic review, Li et al. (2019) reported that community nurses experienced difficulties translating their interest in EBP into practice because of inadequate knowledge, limited resources, and time constraints. These findings highlight the need to assess nurses' knowledge independently and identify factors that may influence their ability to use research evidence effectively.

Research conducted in Saudi Arabia has also demonstrated the need to strengthen EBP competencies among nurses. Alqahtani et al. (2020) investigated EBP knowledge, attitudes, and implementation among 227 nurses from four hospitals in Riyadh. Their findings indicated that previous EBP training and research involvement were associated with knowledge, while knowledge and attitudes were related to implementation. Almoajel (2021), in a study involving registered nurses from five regions of Saudi Arabia, identified limitations in nurses' EBP knowledge and skills and highlighted the importance of education, resources, mentoring, and managerial support. These findings suggest that nurses require continuing opportunities to develop their understanding of research evidence and its clinical application.

Educational preparation and professional research involvement are additional considerations in EBP development. Abuadas et al. (2023), in a study involving 612 registered nurses in southern Saudi Arabia, examined the relationships among nurses' competencies, beliefs, organizational facilitators, barriers, and EBP implementation. Their findings identified professional education, experience, workshop attendance, and previous research involvement as relevant factors. Abo Elmagd et al. (2024) also examined the influence of an EBP course on Saudi nursing students' beliefs and implementation. This evidence supports the integration of structured EBP education into nursing programmes and the provision of continuing learning opportunities for practicing nurses.

The successful implementation of EBP also depends on the working environment. Alqahtani et al. (2022) investigated barriers among 284 primary healthcare nurses in Saudi Arabia and identified organizational challenges affecting the adoption of research evidence. Ayoubian et al. (2020), through a systematic review, examined organizational facilitators and barriers to EBP implementation in healthcare services. Their findings highlighted the contribution of organizational support and appropriate educational systems to the development of EBP knowledge and skills. Similarly, Wakibi et al. (2021) reviewed teaching approaches for evidence-based nursing practice and emphasized the value of structured educational strategies. These findings indicate that individual learning should be supported by appropriate leadership, access to research resources, adequate time, and opportunities for collaborative learning.

Evidence concerning educational interventions further demonstrates the potential for improving EBP competency. Sapri et al. (2022), in a systematic review and meta-analysis, evaluated educational interventions designed to improve EBP-related outcomes among nurses in clinical settings. Their work highlighted the relevance of education to the development of nurses' knowledge, skills, attitudes, and confidence. However, educational activities need to be relevant to nurses' clinical responsibilities and supported by workplace arrangements that allow newly acquired competencies to be applied in practice.

Recent Saudi investigations have continued to explore the challenges associated with EBP adoption. Al Anazi et al. (2025), in a systematic review of Saudi nursing research, identified barriers involving time limitations, organizational support, access to resources, and educational preparation. Alzahrani and Almarwani (2026) also reviewed facilitators and barriers affecting EBP among nurses in Saudi Arabia, highlighting the importance of continuous training, organizational resources, and research mentorship. In addition, AlAnizi et al. (2026) explored nurses' experiences of adopting EBP and described organizational, educational, and cultural influences within the Saudi healthcare context. Together, these studies demonstrate that strengthening EBP requires attention to nurses' individual capabilities as well as the conditions in which they deliver care.

Research from other specialized nursing settings provides further insight into EBP-related knowledge and practice. Dabak et al. (2024) investigated knowledge, attitudes, practices, and perceived barriers among intensive care nurses in Palestine, illustrating the importance of evaluating EBP within specific clinical populations. Furuki et al. (2025b) examined factors associated with EBP knowledge and skills among hospital nurses, while Furuki et al. (2025a) evaluated a clinical scenario-based educational programme through a randomized controlled trial. Their intervention research examined the potential of structured learning to strengthen nurses' EBP knowledge, skills, and

implementation. More recently, Aljuaid et al. (2026) assessed EBP knowledge, skills, attitudes, and practice among nurses in a Saudi hospital, contributing further evidence from the local healthcare environment.

Pediatric nursing services in tertiary-care hospitals include a wide range of specialties, such as neonatal and pediatric intensive care, oncology, neurology, cardiology, nephrology, metabolic disorders, respiratory care, and pediatric surgery. Nurses in these departments encounter different clinical conditions, treatment requirements, and patient safety priorities. Consequently, the ability to understand and evaluate current research is relevant across pediatric specialties. Assessing EBP knowledge and examining its relationship with educational qualification, professional experience, previous EBP training, and research involvement may help identify specific learning needs and inform targeted educational initiatives.

Research Gap and Study Aim

Previous studies have examined EBP knowledge, attitudes, skills, implementation, educational interventions, and organizational barriers among nurses in different countries and healthcare settings. Pediatric-focused investigations have also identified challenges involving nurses' familiarity with EBP concepts and research resources. However, the literature reviewed for the present study did not establish the level of EBP knowledge specifically among pediatric nurses working in the selected tertiary-care hospital in Saudi Arabia. This context-specific gap is important because pediatric nurses provide care for children with diverse and sometimes complex healthcare needs, requiring informed clinical decisions based on current evidence.

Therefore, this study aimed to assess EBP knowledge among pediatric nurses working in a tertiary-care hospital in Saudi Arabia. It also examined differences in knowledge scores according to selected sociodemographic and professional characteristics, including educational qualification, overall nursing experience, previous EBP training, and research involvement. The findings are intended to provide baseline information for identifying educational priorities and supporting the development of EBP competency among pediatric nurses.

RESEARCH METHODOLOGY

Study Design and Setting

A quantitative, descriptive cross-sectional study was conducted at a tertiary-care, multispecialty hospital in Riyadh, Saudi Arabia. The study examined knowledge and self-reported implementation of evidence-based practice (EBP) among pediatric nurses working in selected clinical units, including the neonatal intensive care unit (NICU), pediatric intensive care unit (PICU), gastroenterology (GI) ward, nephrology ward, pediatric neuro ward, pediatric surgical ward, pediatric oncology ward, pediatric bone marrow transplantation (BMT) unit, metabolic ward, and pediatric pulmonology ward.

Study Population

The study population comprised 272 nursing staff working across the pediatric clinical units of the Children’s Hospital in a tertiary-care hospital in Saudi Arabia. The eligible professional categories included Registered Nurses with General Nursing, Bachelor of Science in Nursing (BSN), and Master of Science in Nursing (MSN) qualifications, as well as nurses serving as Shift Managers and Unit Managers.

Sampling Technique, and Sample Size

A convenience sampling technique was used to recruit participants according to their availability and willingness to participate during the study period. Eligible nurses were invited to take part in the study, and participation was voluntary. Informed consent was obtained before questionnaire administration. A total of 144 nurses participated in the study, and questionnaires meeting the predefined eligibility and completeness criteria were included in the final analysis.

The final sample represented approximately 52.9% of the identified nursing population of 272. Although this proportion provides a description of the study population represented in the sample, convenience sampling may limit the representativeness of the findings and their generalizability to pediatric nurses in other settings. No formal sample-size calculation is reported here because the details of such a calculation were not provided.

Inclusion Criteria

Participants were eligible for inclusion if they were registered nurses employed in the selected pediatric clinical units, directly involved in pediatric patient care, and willing to participate by providing informed consent. Nurses holding General Nursing, BSN, or MSN qualifications and working in eligible nursing positions were considered for participation, provided they met the study requirements.

Exclusion Criteria

Nurses who were not directly involved in pediatric patient care, those on extended leave during the data collection period, and those who declined to provide informed consent were excluded. Questionnaires that did not satisfy the predefined completeness criteria were also excluded from the final analysis. These criteria were intended to ensure that the included participants were relevant to the study objectives and that the data available for analysis met the established requirements.

Research Instrument

Data were collected using a structured questionnaire comprising two sections: Sociodemographic and professional characteristics, and knowledge of evidence-based practice (EBP)among pediatric Nurses.

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

EBP knowledge was assessed using a 15-item multiple-choice questionnaire designed to evaluate pediatric nurses' understanding of fundamental EBP concepts. The questions covered the definition of EBP, formulation of clinical questions, identification of reliable research sources, critical appraisal of research evidence, the purpose of clinical practice guidelines, and application of research findings to pediatric nursing care.

Each correct response was awarded one point, while incorrect and "Do not know" responses received zero points. The total knowledge score ranged from 0 to 15, with higher scores indicating greater knowledge of the EBP concepts assessed.

Content Validity

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

Pilot Testing

A pilot study was conducted before the main data collection to assess the clarity, comprehensibility, and suitability of the structured questionnaire for the target population. The pilot testing helped assess whether the questions and response options were understandable and relevant to the study objectives. Particular attention was given to the 15-item EBP knowledge questionnaire, including the clarity of the questions and the suitability of the scoring procedure. Feedback obtained during the pilot study was considered when reviewing the questionnaire before the main study.

Data Collection Procedure

After obtaining ethical approval and the required institutional permissions, eligible pediatric nurses were invited to participate in the study. The study purpose, voluntary nature of participation, confidentiality arrangements, and right to withdraw were explained before informed consent was obtained. Participants were provided with sufficient information to make an informed decision regarding their participation.

Questionnaire Administration and Scoring

The questionnaire consisted of 15 multiple-choice questions assessing fundamental EBP concepts. Each correct response was awarded one point, while incorrect and "Do not know" responses received zero points. Individual item scores were summed to calculate the total knowledge score, ranging from 0 to 15. Higher scores indicated greater

knowledge of the EBP concepts assessed. The total score was analyzed as a numerical variable. No categorical knowledge levels were assigned because predefined, validated cut-off values were unavailable.

Data Management and Statistical Analysis

The available statistical results were summarized using frequencies and percentages for categorical variables and means, standard deviations, medians, interquartile ranges, and minimum and maximum values for EBP knowledge scores. Comparisons of EBP knowledge scores were reported across selected demographic and professional groups using the p-values provided in the statistical results. A p-value of less than .05 was considered statistically significant, consistent with the reported interpretation of the results.

Ethical Considerations

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

RESULTS

A total of 144 pediatric nurses participated in the study. Most participants were female (83.3%), aged 26–35 years (43.1%), held a Bachelor of Science in Nursing (BSN) qualification (75.0%), and were married (66.7%).

Regarding professional experience, 37.5% had more than 10 years of overall nursing experience, while 38.9% had 1–5 years of pediatric nursing experience. Most participants held SN1 positions (66.7%). Previous EBP training was reported by 36.1% of participants, while 30.6% reported involvement 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	Neonatal Intensive Care Unit (NICU)	10(6.9%)
		Pediatric Intensive Care Unit (PICU)	22 (15.3%)

		Pediatric Metabolic Ward	10(6.9%)
		Pediatric Nephrology Ward	12(8.3%)
		Pediatric Neuro Ward	14(9.7%)
		Pediatric Cardiac Ward	12(8.3%)
		Pediatric Bone Marrow Transplantation (BMT) Unit	12(8.3%)
		Pediatric Pulmonology Ward	12(8.3%)
		Pediatric Gastroenterology (GI) Ward	14(9.7%)
		Pediatric Surgical Ward	16(11.1%)
		Pediatric Oncology Ward	10(6.9%)
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 (n) and percentage (%). Percentages are based on the total sample of 144 participants. BSN = Bachelor of Science in Nursing; MSN = Master of Science in Nursing; EBP = evidence-based practice; NICU = neonatal intensive care unit; PICU = pediatric intensive care unit.

3.2. EBP Knowledge Scores

The mean EBP knowledge score among the 144 participants was 8.60 ± 1.25 out of a possible 15 points. The median score was 9.00, with an interquartile range of 8–9. Scores ranged from 5 to 13. The mean score represented 57.3% of the maximum possible score.

Table: 2 Descriptive Statistics for EBP Knowledge among Pediatric Nurses (n= 144)

Statistical Measure	Number of Participants	Total Possible Score	Mean ± SD	Median	(IQR)	Minimum score	Maximum score	Mean% of Maximum score
Value	144	15	8.60 ± 1.25	9.00	8-9	5	13	57.3 %

Note. Higher scores indicate greater EBP knowledge. No categorical interpretation such as low, moderate, or high knowledge was applied

3.3Comparison of EBP Knowledge Scores According to Selected Characteristics

The reported comparisons showed statistically significant differences in EBP knowledge scores according to educational qualification (p = .030), overall nursing experience (p = .040), previous EBP training (p = .001), and research involvement (p = .010).

Participants with previous EBP training had a higher mean knowledge score than those without previous training (9.00 ± 1.20 versus 8.37 ± 1.23). Similarly, participants who reported research involvement had a higher mean score than those who did not report research involvement (9.00 ± 1.20 versus 8.42 ± 1.24).

No statistically significant differences were reported according to age (p = .180) or gender (p = .420).

Table 3 Comparison of EBP knowledge scores according to selected demographic and professional characteristics (n=144)

Variable	Category	mean ± SD	p-value
Age	21–25 years	8.20 ± 1.30	0.180
	26–35 years	8.50 ± 1.20	
	36–50 years	8.80 ± 1.25	
	More than 50 years	8.90 ± 1.40	
Gender	Male	8.40 ± 1.30	0.420
	Female	8.64 ± 1.24	
Education	Diploma	8.10 ± 1.20	0.030

	BSN	8.55 ± 1.20	
	MSN	9.10 ± 1.30	
	Other qualifications	8.30 ± 1.40	
Overall nursing experience	Less than 1 year	8.00 ± 1.30	0.040
	1–5 years	8.30 ± 1.20	
	6–10 years	8.60 ± 1.20	
	More than 10 years	8.90 ± 1.25	
Previous EBP training	Yes	9.00 ± 1.20	0.001
	No	8.37 ± 1.23	
Research involvement	Yes	9.00 ± 1.20	0.010
	No	8.42 ± 1.24	

Note: Values are presented as mean ± standard deviation. P-values are reproduced from the statistical results provided.

4.DISCUSSION

The present study assessed evidence-based practice knowledge among 144 pediatric nurses working in a tertiary-care hospital in Riyadh, Saudi Arabia. The overall mean knowledge score was 8.60 ± 1.25 out of 15, indicating an average score of 57.3% of the maximum possible score. The findings also demonstrated significant differences in knowledge scores according to educational qualification, overall nursing experience, previous EBP training, and involvement in research activities. However, age and gender were not significantly associated with EBP knowledge scores.

4.1 Sociodemographic and Professional Characteristics

Most participants were female, aged 26–35 years, and held a BSN qualification. Although 37.5% had over 10 years of nursing experience, only 36.1% had received previous EBP training and 30.6% had research involvement. This highlights the need for further EBP education and research opportunities among pediatric nurses. Alqahtani et al. (2020) examined EBP-related knowledge among nurses in Riyadh, while the present study provides additional evidence specifically from pediatric nursing in a tertiary-care setting.

4.2 Overall EBP Knowledge Among Pediatric Nurses

The mean EBP knowledge score of 8.60 ± 1.25 out of 15 suggests that there is room to strengthen pediatric nurses' understanding of evidence-based practice. Although the participants demonstrated knowledge of some EBP-related concepts, the overall score indicates an opportunity to further develop their knowledge and research literacy. EBP involves more than familiarity with research terminology. It requires the ability to identify clinical questions, locate relevant evidence, critically evaluate research findings, and consider their application alongside clinical expertise and patient preferences.

4.3 Previous EBP Training and Knowledge

A statistically significant difference was observed between nurses who had received previous EBP training and those who had not. Nurses with previous training achieved a higher mean knowledge score (9.00 ± 1.20) than nurses without previous training (8.37 ± 1.23; p = .001). This finding suggests that previous exposure to EBP education is associated with higher knowledge scores among pediatric nurses. Alqahtani et al. (2020) examined EBP-related factors among nurses in Saudi Arabia, while Li et al. (2024), through a systematic review and meta-analysis, highlighted the importance of developing EBP knowledge and skills among nursing professionals.

4.4 Research Involvement and EBP Knowledge

The study found a statistically significant difference in EBP knowledge according to research involvement. Nurses who participated in research activities had higher mean scores (9.00 ± 1.20) than those who did not (8.42 ± 1.24; p = .010). Research participation may improve nurses' familiarity with scientific literature, research methods, and interpretation of findings. Alqahtani et al. (2020) also examined research involvement in relation to EBP-related outcomes among Saudi nurses. These findings highlight the importance of encouraging nurses to participate in research, quality improvement projects, journal discussions, and mentorship activities. However, the cross-sectional design cannot establish causality; research involvement may improve EBP knowledge, or nurses with stronger existing knowledge may be more likely to participate in research.

4.5 Educational Qualification and Overall Nursing Experience

The study found statistically significant differences in EBP knowledge scores according to educational qualification (p = .030). Nurses with an MSN had the highest mean score (9.10 ± 1.30), followed by those with a BSN (8.55 ± 1.20). This may be related to differences in exposure to research, critical appraisal, and evidence-based decision-making during academic preparation. Further analysis is needed to identify which educational groups differed significantly.
Overall nursing experience was also significantly associated with EBP knowledge (p = .040). Nurses with more than 10 years of experience had the highest mean score (8.90 ± 1.25), while those with less than one year had the lowest (8.00 ± 1.30). Clinical experience may support familiarity with evidence-informed decisions; however, experience alone does not ensure EBP competency. These findings highlight the

4.6 Age, Gender, and EBP Knowledge

No statistically significant differences in EBP knowledge scores were found according to age (p = .180) or gender (p = .420). This indicates that age and gender were not significantly associated with EBP knowledge in the study sample. Therefore, EBP education and professional development opportunities should be accessible to all pediatric nurses, regardless of age or gender.
Furuki et al. (2025) examined factors related to EBP knowledge and skills among hospital nurses, while Aljuaid et al. (2026) and Dabak et al. (2024) investigated EBP-related outcomes among nurses in different clinical settings. Comparisons should consider differences in study populations, clinical settings, and measurement tools. The present findings should therefore be interpreted within the context of the participating pediatric nurses.

IMPLICATIONS FOR NURSING PRACTICE

The findings identify opportunities to expand EBP learning and research engagement among pediatric nurses. Nursing administrators and educators could consider regular educational sessions, mentoring by experienced researchers, journal clubs, and involvement in unit-based research and quality improvement projects. These activities may provide practical opportunities to develop research literacy and strengthen understanding of evidence-based care. Future studies using longitudinal designs or controlled educational interventions could assess whether targeted EBP programs improve nurses' knowledge over time and whether any improvements are accompanied by measurable changes in clinical practice**.**

STRENGTHS OF THE STUDY

This study provides information on evidence-based practice (EBP) knowledge among pediatric nurses working in a tertiary-care hospital in Saudi Arabia. Its focus on pediatric nursing addresses an important area in which clinical decisions must consider children's specific healthcare needs and patient safety. The inclusion of nurses from different professional backgrounds also allows EBP knowledge to be considered in relation to educational qualifications, nursing experience, previous EBP training, and research involvement. The findings provide baseline information that may help nursing educators and clinical leaders identify potential areas for professional development and plan educational initiatives to strengthen EBP knowledge.

LIMITATIONS OF THE STUDY

Several limitations should be considered when interpreting the findings. First, the cross-sectional design captures information at a single point in time and does not establish causal relationships. Second, the study was conducted at one tertiary-care hospital in Saudi Arabia, which may limit the generalizability of the results to other healthcare institutions. Third, convenience sampling may have introduced selection bias and may not fully represent the wider population of pediatric nurses.
The study assessed EBP knowledge using a 15-item questionnaire. Therefore, the findings should be interpreted in the context of the instrument's content and measurement properties. Information about previous EBP training and research involvement was self-reported and may have been affected by recall bias. Furthermore, organizational factors such as workload, access to research resources, managerial support, and availability of EBP mentors were not included in the analysis.

CONCLUSION

This study assessed EBP knowledge among 144 pediatric nurses working at a tertiary-care hospital in Saudi Arabia. The mean knowledge score was 8.60 ± 1.25 out of 15, indicating an opportunity to strengthen nurses' understanding of evidence-based practice. The reported findings suggest that previous EBP training and research involvement may be relevant to knowledge levels; however, these associations must be confirmed using the actual statistical output

before definitive conclusions are drawn. Strengthening EBP education, encouraging participation in research, and providing opportunities for professional learning may help pediatric nurses develop the knowledge required to evaluate and use research evidence in clinical decision-making. The findings may inform the planning of targeted educational initiatives within pediatric nursing services.

RECOMMENDATIONS

Based on the study objectives and findings, the following recommendations are proposed:

- Structured EBP education: Provide regular educational sessions on formulating clinical questions, searching research databases, and critically appraising evidence.
- Research engagement: Encourage pediatric nurses to participate in research projects, journal clubs, and quality improvement initiatives.
- Clinical mentorship: Promote mentorship and collaboration between nursing staff, nurse educators, and experienced researchers.
- Organizational support: Facilitate access to research resources, educational opportunities, and protected learning time where feasible.
- Further research: Conduct multicenter studies to examine EBP knowledge among pediatric nurses in different healthcare settings.
- Educational evaluation: Use longitudinal or intervention studies to assess whether structured EBP programmes improve nurses' knowledge over time.

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.

Acknowledgement

The authors sincerely thank the hospital administration and nursing leadership of the tertiary-care hospital in Riyadh, Saudi Arabia, for their support and permission to conduct this study. The authors are grateful to the pediatric nurses who participated in the study and contributed their valuable time and responses. Special appreciation is extended to the nursing experts and quality nurse who reviewed the questionnaire and provided feedback to improve its clarity, relevance, and suitability for the study objectives.

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