Arab American University

Faculty of Graduate Studies

Obstacles of Applying Evidence-Based Practice Among Emergency Nurses in Palestinian Hospitals: A Mixed-Method Approach

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Thesis Approval

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Declaration

I hereby declare that this thesis represents my original work that it was completed after I registered for the Arab American University of Palestine's Master's program and that it was not previously included in a thesis or dissertation submitted to this or any other institution in ordered to obtain a degree, diploma, or other credentials. I am responsible for conducting the procedures in accordance with the University's Committee on Research Ethics' most recent research ethics guidelines after having read them. I have made an effort to list any potential dangers associated with this study that might materialize, have secured the necessary ethical approval, accepted my duties, and acknowledged the rights of the participants.

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Dedication

The dedication of this research goes firstly to my father, my mother's spirit, and my family (wife and children), whose inspiration and support were my encouragement to complete the whole journey. The study is also dedicated to everyone who had good vibes and spared their time to educate, motivate and find solutions to the problems I faced during my work. Last but not least, it is dedicated to the University including all the teams that I worked with to achieve my goal.

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List of Abbreviations

The abbreviation	Abbreviation description
AAUP	Arab American University of Palestine
CNE	Chief Nurse Executives
CNs	Community nurses
DEBP	Developing Evidence-based Practice
EBHC	Evidence-Based Health Care
EBM	Evidence-Based Medicine
EBP	Evidence-based practice
EBPB	Evidence-Based Practice Beliefs Scale
EBPI	Evidence-Based Practice Implementation Scale
ED	Emergency Department
ICU	Intensive Care Unit
IRB	Institutional Review Board
JAMA	American Medical Association
JCI	Joint Commission International
MOH	C Ministry of Health
OCRSIEP	Organizational Culture and Readiness for System-Wide Integration of EBP Scale
p-value	Hypothesis statistical Test
RTCs	Randomized Clinical Trials
SD	Standard Deviation

Obstacles of Applying Evidence-Based Practice Among Emergency Nurses in Palestinian Hospitals: A Mixed-Method Approach

Abstract

Background: Evidence-based practice (EBP) has gained significant attention from researchers, practitioners, and decision-makers in the field of healthcare. It has gained popularity as a strategy that has the potential to affect nursing professionals' knowledge and practice. EBP is described as the methodical application of the most recent research to resolve a clinical issue while also taking into account the practitioner's own clinical expertise and the values and preferences of the patient. The arms of evidence-based practice, nurses are at the forefront of providing direct patient care.

Objective: This study aims to assess perception and obstacles in applying evidence-based practice among emergency nurses in Palestine.

Method: A quantitative cross-sectional survey utilizing a mixed method approach (quantitative and qualitative) made up the study's design. That used a self-administered questionnaire to gather data. The sample was composed of two hundred thirty-six nurses who worked in the emergency rooms of hospitals in Jerusalem and the West Bank. (Governmental, Non- Governmental; Charitable, Educational, and Private Sector). Strongly agree, agree, unsure, disagree, and strongly disagree are the five choices on the EBP scale, a Likert-style scale. The second was a qualitative study design in which 6 nurses were selected (with high and low level) and interviewed about the obstacles to implementing EBP in emergency rooms.

Result: the study showed that the level of obstacles was moderate (31.98%), this percentage of study subjects who perceive obstacles. The greatest Evidence-Based Practice obstacles ranked by emergency nurses was regarding research accessibility by 100 nurses

(42.5%), followed by the individual characteristic by 79 nurses (36.6%), the research quality by 63 nurses (27%), and the organizational limitations by 52 nurses (22.1%). The study confirmed that there was a significant relationship between the type of hospital and obstacles toward EBP by (52.6%), since p–value equals 0.001 in favor of charitable hospitals that had high level. There was a significant relationship between demographic data and obstacles toward EBP by (54.95%), related to nurses' gender since p–value equals 0.04 in favor of male nurses, and nurses' age since p–value equals 0.001 in favor of nurses less than 35 years. There was a significant relationship between working factor and obstacles toward EBP by (57.61%), related to working experience since p-value equal 0.000 in favor of less than 10 years, job position since p-value equal 0.03 in favor of assistance head nurse, day shift related since p-value equal 0.001 in favor of (A+BC), related to city since p-value equal 0.000 in favor of Jenin. Emergency nurses identify that the obstacles of implement EBP are lack of resources and skills, lack of reward system, and cultural unacceptance. While, other emergency nurses found that skills support, resources availability, and desire to change are factors facilitate implementing EBP in emergency room.

Conclusion: In this study, two hundred thirty-six emergency nurses were conducted in a multi-center study; this study found that the obstacle is moderate to implement EBP among ER nurses. Obstacles had a strong correlation with the type of hospital, the work factor, and the demographic information. The findings suggest improving nurses' education, research training, and administrative support in Palestine hospitals' emergency departments.

Keywords: ***Obstacles, Evidence-Based Practice, Emergency Nursing.***

Chapter One

Introduction

1.1 Background

The phrase Evidence Based Medicine (EBM), which was in use in the 1990s and later expanded to cover other disciplines in health services, gave rise to the term Evidence Based Practice (EBP) (Albarqouni *et al.*, 2018). EBM was designed in the 1960s at McMaster University in Canada, this university establish a problem-based learning medical curriculum based on the combination of traditional scientific studies in medicine and clinical problem gleaned from patient bedside. A group of international colleagues with the assistance of the Journal of American Medical Association (JAMA) format an EBM work group that focus on publishing papers using critical appraisal techniques which made the inception and development of EBM worldwide over years had been progress. In 2003 a group of leaders made a conference called signposting the future of evidence-based health care, which a clear description of EBP and the skills needed to apply it in clinical practice (Klaic, 2018).

1.2 Definition of EBP

EBP is a framework provided to deliver health care by merging the results of research with values and preferences of patients. (Albarqouni *et al.*, 2018). It is a solving problem technique used regarding patient care using healthcare givers expertise, patient assessment, patient preferences, and evidence to minimize healthcare costs and promote patient outcomes and safety (Alatawi *et al.*, 2020). Three components can combine to form EBP which are recent evidence, clinician expertise and analysis, and patient's expectation value and beliefs. (Alqahtani *et al.*,

2022a). The health professional when applying EBP has to follow five steps process: step 1: formulate a question that is measurable when facing a problem in clinical practice, step 2: design and conduct effective research, step 3: identify validity, relevancy, and applicability of tool to be used, step 4: use the tool that was found in the previous step in clinical practice, and step 5: evaluate the evidence effectiveness, adaptation, and integration.

1.3 Benefits of Using EBP

Applying evidence-based practice while keeping in mind the patient's preferences and research evidence can offer: safety and effectiveness, with safer and more effective treatment outcomes, this approach delivers healthcare services derived from effective and high-quality research. Recent studies show the importance of EBP, a study in Australia find an improvement in managing sepsis patients who came to the emergency department. they found a significant change in the behavior of clinicians and improvement in triaging of septic patients (Klaic, 2018). Another study discovered that from the perspective of the patient, when nursing care is based on evidence rather than tradition or common sense, patient outcomes are 28% better. (Pryse, 2012).

In addition, more efficient usage of resources, the better use of resources can decrease the incidence of complications and reduce the re-presenting of patients to health services centers, previous study found a reduction in falls ratios in patients after using the EBP strategy in their healthcare services, over two years more than $ 21million have been saved after reduction of patients visits to emergency departments and\or hospital admissions in USA (Klaic, 2018). Furthermore, reduce variability in delivering health care and practice, one of the goals of implementing EBP is reducing variation in health care services, clinical pathways is an example of a relation between EBP and reduce variation, clinical pathway link evidence to practice. Some review studies find that clinical pathways diminish hospital complications and hospitals stays

(Klaic, 2018). In the USA, between 10 and 40 percent of adult patients do not receive evidence-based care. Additionally, they have demonstrated that 20% of the treatment given is useless or perhaps potentially hazardous to the patient. Some studies show that several patients were injured at hospitals, which can be avoidable to have if the care is provided based on evidence. (Heiwe *et al.*, 2011).

1.4 Importance of EBP

Evidence-Based Practice (EBP) has attracted the attention of many healthcare academics, practitioners, and policymakers. It has gained popularity as a strategy that could affect nursing professionals' knowledge and practice (Lehane *et al.*, 2019). EBP is defined as the methodical application of the most recent research to resolve a clinical issue while also taking into account the practitioner's own clinical expertise and the values and preferences of the patient (Mahlaba, 2017). Many accreditation agencies, including the Accreditation Council for Graduate Medical Education in the USA, demand all practitioners to be compliant with EBP as it has become a key component of health education curricula and continuing education programs in recent years. Additionally, the National Academy of Medicine regards EBP as an essential element of continuous improvement for the quality and safety of basic healthcare (Albarqouni *et al.*, 2018).

Governments, societies, funding agencies, and stakeholders are set to prioritize making health care less costly and more high quality, taking health care decisions and interventions based on evidence (Pryse, 2012). Internationally, the main concern for many years was EBP, and the novel research should support health services. To develop good healthcare services and improve patients outcome it is important to employ research findings in clinical decisions (Mahmoud and Abdelrasol, 2019). Policymaker institutions, healthcare organizations, and federal agencies recognize the importance of EBP, and the improvement change in providing

healthcare needs to use EBP which combines clinical knowledge, academic inquiry, and patient values and beliefs in order to solve problems. Clinical decisions are made more effectively and patients receive high-quality care when a caring approach is supported by scientific evidence (Fineout-Overholt, Melnyk, and Schultz, 2005). Without the availability of the best evidence, the practice risk to detriment of the patient, also the practice become risky if there is a lack of clinical expertise. A compilation of the most accurate data and clinical expertise makes diagnosis and treatment more accurate, powerful, safer, and more efficacious (David, 1998).

EBP warrants a clear clinical decision based on clinical evidence alongside clinical expertise, so clinical evidence is the key attribute. Health caregivers use their beliefs when caring for the patient to guide them in treatment or intervention, while in EBP clinical evidence came from the randomized controlled study, observational studies, systematic reviews, and meta-analytic reviews (Osop, 2018).

Studies from throughout the world have shown for years that there is a gap between practice and research, which makes it difficult to apply EBP. The EBP consider a quality indicator as it will decrease health costs and satisfy patients' needs (Pryse, 2012). The integration of EBP into routine clinical practice is still variable and there is a significant gap between research and practice (Wallen *et al.,* 2010). Lack of EBP knowledge and expertise is the most frequent reason for delaying the implementation of EBP, which can be attributed to inconsistent EBP teaching programs. (Albarqouni *et al.*, 2018). As take an effective decision-making process becomes complicated, health caregivers recognized the importance of implementation of EBP which facilitates the decision-making process and reduce the cost of health care services while raising the standard of treatment (Osop, 2018).

Translating knowledge is a method to close the gap between practice and research, translating knowledge from evidence to practice was a challenge for healthcare workers. Translation of research into practice and the adoption of evidence-based practice is made possible through the processes of synthesis, implementation, and assessment (Ramis, 2017).

1.5 Health Care and Evidence-Based Practice

Evidence-Based Health Care (EBHC) is a concept that is frequently used when EBP is applied in health care settings, as it more comprehensive, effective, and holistic approach. EBHC is a vital component of the healthcare professional curriculum, the successful implementation of EVP lead to successful EBHC, then healthcare is delivered in a high-quality manner (Young, Rohwer, Volmink, and Clarke, 2014). Providing high-quality services in health care is closely related to terms health promotion and primary prevention, health promotion is a process that empower patients to manage and improve their health, primary prevention helps patients to prevent predictable harm to their health, EBP is an approach that helps confirmation of policies that implement health promotion and primary prevention. The development in patients' health quality is critically related to the best evidence. Selection and implementation of health promotion using evidence-based practice are limited (SCHWARZMAN, 2019).

EBHC aims to adopt beneficial and effective healthcare services and practices and abandon ineffective and harmful practices. Healthcare professionals when they graduate should possess EBHC competencies. Health care professional needs to become long-life learners to merge their expertise with research and patients' values and preferences (Rohwer, Motaze, Rehfuess, and Young, 2017).

1.6 EBP and Nursing

The nurses' attitude toward EBP were positive, and EBP knowledge and culture was at a moderate level (Thiel and Ghosh, 2008). "Nurses who possess advanced nursing degrees, certification, and who serve in leadership roles were favorable toward EBP". Registered nurses with less experience believed in EBP and supported its integration into organizational culture (Warren *et al.*, 2016). There is no significant statistical relation between attitude toward EBP and demographic variables, Compared to younger nurses, nurses with more experience show a less favorable attitude toward EBP (Mehrdad *et al.*, 2012). If educational courses are provided in clinical settings, an improvement will appear in clinicians' attitudes toward EBP in addition to their perception of skills and knowledge. The main barriers to positive attitude and knowledge to implement EBP were inadequate time and resources (Sherriff, Wallis, and Chaboyer, 2007). Krugman (2003) states that the first piece of establishing EBP is very important to create an EBP culture and to make it a development plan. To implement EBP in the health care system, good knowledge and a positive attitude are needed (Mehrdad *et al.*, 2012).

Nursing faculties had an average level of EBP knowledge; about 50% of nursing faculties earn their knowledge from EBP workshops and conferences. Nursing instructors must lay the groundwork for EBP in order to serve as role models for their students. Educational programs about EBP should be implemented during the faculty period (Mehrdad *et al.*, 2012)

1.7 Arguments Against EBP

Several critics demonstrate limitations of the EBP model on both sides' patient and health care giver which are:

1.7.1 Generalizability, Availability, and Rigor of Evidence

Most criticism that the evidence is less quality or inadequate, the body of evidence may weak to be applicable or being difficult, also high-quality evidence does not express its applicability. Also, maybe other factors facing the application of evidence (Klaic, 2018).

1.7.2 Time, Training, and Resources Available for Clinicians

Critics of EBP argue that EBP implementation is a consummate intensive resource, skills to implement EBP needs to be trained for the healthcare givers, also it needs continuous monitoring and practice regularly, all of this needs time. In addition to the need for access to the internet and computers. (Klaic, 2018)

1.7.3 The Model- Fit with Client-Centered Care

The most frequent issue is that it cannot meet each patient's specific demands. The argument assumed that the EBP approach nature is static and depends on one resource which is published research, this is a misperception EBP is a combination of three sources of evidence at equal value, and EBP can serve the individual needs according to available evidence with health caregiver expertise. (Klaic, 2018)

1.8 Problem Statement

Evidence Based Practice is a tool that allows healthcare providers to give patients and their families high-quality treatment, which is a way to improve the quality of care in the healthcare system. EBP nursing provides efficient care and good outcomes as it decreases the gap between research and clinical implementation.(Mehrdad *et al.*, 2012).

Using research findings to improve care delivery is essential to improving patient outcomes and healthcare systems. Several studies shows that when nursing care were based on evidence rather than tradition, patient's outcome is better by 28%, also several patients who were injured in hospitals which their injuries will be avoidable to have if their care is on evidence based.

By using EBP strategy in healthcare services, over two years more than $ 21million have been saved after reduction of patients visits to emergency departments and\or hospital admissions in USA (Klaic, 2018). Data are more available these days to guide nurses practice in several areas, including emergency departments' care. To continue the revolution of nursing as a scientific discipline, the shift from relying on "expert" opinion to research-based facts is required. Nurses' abilities must be current, which is crucial to their professionalism. The EBP technique must be used by nurses, but in order to do so, one must first guarantee that the barriers to implementing evidence-based practices are understood.

Obstacles influencing effective EBP remain poorly understood, and little research conducted on these obstacles among emergency nurses. This study is one of few studies that will be conducted to explore obstacles to implementing EBP among emergency nurses in Palestine, considering the Palestinian health system is modest as a result of several factors, the most important of which is the occupation. Therefore, this study aims to assess perception and

obstacles to implementing EBP among emergency nurses in Palestine, also it is one of few studies in a mixed approach method.

1.9 Study Objectives

1.9.1 Main Objective

This study aims to assess perception and obstacles in applying evidence-based practice among emergency nurses in Palestine.

1.9.2 Specific Objective

1- To assess the relationship between obstacles in applying EBP by emergency nurses and the type of hospital.

2- To assess the relationship between obstacles in applying EBP by emergency nurses and demographic data.

3- To assess the relationship between obstacles in applying EBP by emergency nurses and work factors.

4- To describe the experience of Nurses regarding obstacles in applying EBP among emergency nurses who have high and low levels, from their point of view(qualitative data).

1.10 Research Questions

1- What is the level of obstacles that prevent the application of EBP to the clinical practice of nurses in the emergency department (ED) of Palestinian hospitals in the west bank?

2- Is there a relationship between obstacles in applying EBP by emergency nurses and the type of hospital?

3- Is there a relationship between obstacles in applying EBP by emergency nurses and demographic data?

4- Is there a relationship between obstacles in applying EBP by emergency nurses and work factors?

5- What is the experince of nurses regarding obstacles in applying EBP among emergency nurses who have high and low levels, from their point of view?

1.11 Null Hypothesis

- Null hypothesis 1: There is no significant relationship between the type of hospital and obstacles toward EBP?
- Null hypothesis 2: There is no significant relationship between the demographic data of nurses and obstacles toward EBP?
- Null hypothesis 3: There is no significant relationship between work factors and obstacles toward EBP?

1.12 Significance of Study

The majority of healthcare professionals are nurses, who play a crucial role in promoting health care and providing better services. (Duncombe, 2018). EBP is crucial to nurses' professional growth and capacities; as such, it has emerged as a crucial nursing topic and has been incorporated into everyday practice (Alatawi *et al.*, 2020)**.** Additionally, nurses who base their practice on scientific data have improved the quality of their care. Despite the fact that nurses generally have good attitudes and opinions toward EBP, earlier studies have revealed that nurses only apply EBP to a limited level and are not sufficiently aware with its guiding principles (Jin *et al.*, 2019)

Emergency department (ED) nursing management plays a key role in the level of care given to individuals with serious illnesses. Implementing evidence-based guidelines for patients by emergency nurses optimizes the outcomes. Best evidence practices can be successfully implemented at low cost, and will decrease morbidity and mortality.

This research is assessing obstacles in implementing EBP among nurses in the emergency department and their perception, which can be social, organizational, economic, and political factors (contextual) mixed. This study aspires to increase emergency nurses' ability to embrace EBP in their departments, by improve their attitude and knowledge regarding EBP. Besides, stakeholders and policymakers should create a suitable and less crowded work environment and opportunity to improve nurses' research capability, also to cope with obstacles of applying EBP in their settings, and to develop in nurses' clinical practices. This would be by administration support, impose policies to ensure compliance with EBP guidelines, provide consultation and support regarding research methods and statistical procedures for nurses, exchange experience between nurses and faculties, and establish encouragement and reward system for nurses to conduct research.

1.14 Conceptual Framework:

The below figure explains the conceptual framework of this study. The independent variables are demographic data (age, gender, marital status), and work factors (experience in nursing, experience in ED, job position, faculty potion, academic level, day shift). It was expected that the independent variables would affect the outcome (dependent variables), which are the obstacles of applying EBP (Figure 1).

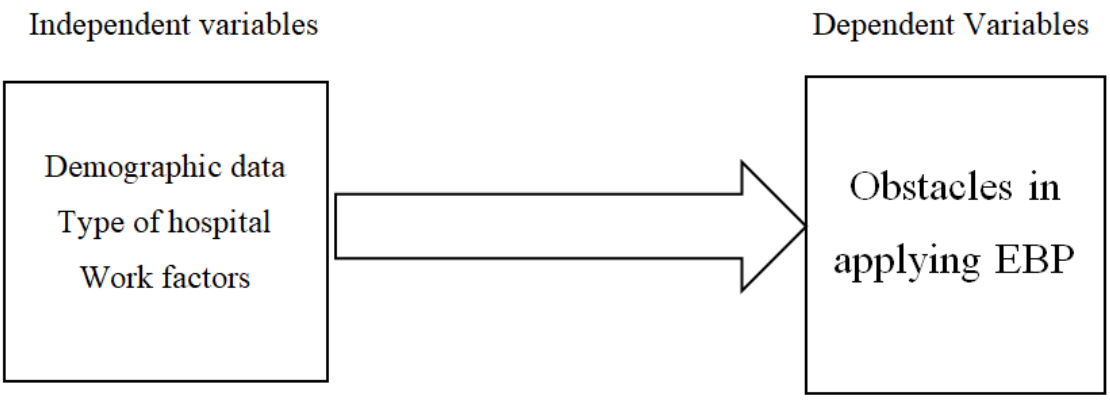

Figure 1: The conceptual framework of this study

1.15 Conceptional and Operational Definition:

The operational defention of obstacles in applying EBP are barriers that imped or disable access the evidence that can positively change the clinical practice for better outcomes (B. M. Melnyk *et al.*, 2010). However, the operational defention was measured by using the questionnaire of obstacles in implementing EBP that has been tested for reliability and validity in the previous study. This questionnaire collects demographic data and obstacles of the EBP scale, which tests the utilization of EBP in patient care (Mahmoud and Abdelrasol, 2019).

1.16 Summary:

This chapter reviewed background of EBP, defention, benefits and importance of EBP, the relationship between EBP and helath care, and nursing. Also the argumants againist EBP.

Chapter Two

Literature Review

2.1 Introduction

literature review using Science Direct databases, Google Scholar, and PubMed was performed before the start of the study. Keywords used in the searches involved Evidence-based practice, evidence-based practice education, Evidence-based medicine, Evidence-based health care, Evidence-based practice around the world, Emergency department, Work Conditions, and Nurses. Studies were chosen depending on their support for the study.

2.2 Nursing Awareness of EBP

Over the past few years, international nursing practice has placed a high priority on evidence-based practice (EBP). Numerous research carried out globally have emphasized the significance of EBP (Hidayat and Patmawati, 2021; McKune, 2021). It has been described as a constant interactive process involving the thoughtful analysis of the scientific findings that is now accessible for better care (Canadian Nurses Association, 2010). The American Nursing Association (ANA, 2016) values EBP as a method for providing patients with high-quality care. It is a crucial approach to delivering high-quality care and patient-centered in a safe and accessible manner. Awareness of EBP maintains this high quality. Nurses are the largest group of healthcare professionals and have a key role in ensuring the promotion of EBP, There is a good expansion of scientific evidence available regarding EBP adoption (McKune, 2021).

Friesen-Storms *et al.* (2015) evaluated a group of nurses' comprehension of EBP before and after an evidence-based practice mentoring program. The precise objectives of this study

were to determine whether an education program on evidence-based practice may enhance beliefs and implementation of evidence-basedevaluate. Five different hospitals' worth of medical-surgical units were included in the study. Evidence-based practice team leaders and resource 6 nurses were chosen as the mentors within the five hospitals. A total of 169 registered nurses were eligible to participate, and 83 of them participated in the pre-intervention stage, which involved completing an implementation scale for EBP and an EBP belief scale. Following the pre-intervention questionnaires, the nurses participated in a mentoring program. This included textbooks, lecturers, and librarians. The same surveys for the post-intervention were completed by fifty-seven of the nurses. When comparing the prior and post-interventionsinterventions, the data revealed a considerable change in the application of evidence-based practice. When comparing the identical tests before and post with beliefs in evidence-based practice, there was no noticeable difference ($p > 1$). The small sample size, lack of a control group, and the study's emphasis on nursing outcomes were all cited as limitations.

Basic problems for nurses include identifying, retrieving, and applying current knowledge based on research evidence in practice, as well as the daily accumulation of new knowledge and technology, consumers' changing requirements (Alatawi *et al.*, 2020). Addtionaly, B. J. I. Melnyk (2016) employed a new approach by assessing the degree of implementation and beliefs in evidence-based practice by Chief Nurse Executives (CNE). Elsevier identified 5,100 CNEs in the United States for this study, and 267 of them responded anonymously to an online survey. Survey participants received a $100 gift card as a reward for completing questionnaires. The evidence-based Practice Beliefs Scale, a 16-item Likert-type scale, was used to measure evidence-based practice beliefs. Two questions evaluate the CNE budget investment and priorities: What are the top three objectives you as a CNE are

concentrating on right now? How much of your organization's annual operational budget goes toward establishing and maintaining evidence-based practice?. According to the survey's findings, CNE believes strongly in the benefits of evidence-based practice, but only 25% of respondents said they understood its steps, and 44% said they weren't sure they could put it into practice. More than 50% of them checked the box indicating that their organization adopted the evidence-based practice “not at all to somewhat”. Budget-wise, 74% of the CNEs spent 0–10% of their yearly operating budgets maintaining evidence-based practice. There were limitations, such as a low response rate that resulted in a reduced sample size and the use of CNEs' self-reported data.

Many initiatives to adopt EBP have been made in an effort to raise the standard of healthcare services and make wise use of the resources at hand. Even though everyone agrees that using EBP in nursing will improve healthcare services, its difficulty due to a number of variables has impeded its use (Saunders, Vehviläinen-Julkunen, and Stevens, 2016).

Furthemore, Warren *et al.* (2016) study also explored registered nurses' attitudes, convictions, and perceptions regarding their willingness to use EBP in a multihospital healthcare system. The setting consisted of four community hospitals in Maryland, and three hospitals in Washington, DC (two for acute care and one for rehabilitation). The Evidence-Based Practice Implementation Scale (EBPI), the Evidence-Based Practice Beliefs Scale (EBPB), and the Organizational Culture and Readiness for SystemWide Integration of the EBP Scale (OCRSIEP) were utilized in the cross-sectional design study with a sample consisting of 6,800 nurses.. The surveys gathered 1,608 responses from nurses in total. Through SurveyMonkey, the survey was distributed. Less than half (41%) of the registered nurses surveyed said they were knowledgeable about using EBP, according to the findings. 49% of nurses stated that they had not used EBP in

the previous eight weeks. On the OCRSIEP, when asked to rate their organization's readiness for EBP, 64% of nurses checked the box next to "none to somewhat." Self-reporting data and a low response rate were identified to be limitations.

2.3 Obstacles to the Adoption of EBP in Nursing

There is much uncertainty and confusion when determining the biggest obstacles to the use of EBP because studies on these issues have produced varying results. Studies reveal that nurses largely rely on practices acquired from prior knowledge, experiences, and social contacts, rarely applying study findings to their work (Friesen-Storms *et al.*, 2015).

In Egypt, Mohamed, Mohamed, and Mohamed (2015) conduct a descriptive correlational study to explore nurses' perceptions of the obstacles and to determine the enablers of evidence-based practice (EBP). The study was carried out in Beni-Suef city's hospitals, specifically the university hospital, an insurance hospital, and 20 primary care units. The questionnaire sheet, the Barriers Scale to EBP, and the Facilitators Scale to EBP were the three instruments employed. According to the study's findings, more than half of the participants stated that there were no EBP information resources available for use at their workplaces. The nurses' barriers to accessing the material on EBP were that they didn't understand the benefit of research for practice, didn't feel qualified to assess the caliber of study , and lacked computer skills. The majority of participants highlighted helpful and cooperative coworkers, enough staffing and resources, improving nurses' attitudes toward research, and rewarding research use as facilitators that helped them acquire knowledge on EBP. Over two-thirds of participants had no prior knowledge of EBP. Participants listed insufficient access to research evidence and the administration's perception of EBP as a low management priority as impediments. Additionally, participants listed strengthening nurses' attitudes toward research and translating the papers into more

accessible languages as facilitators.. The study recommended to allowing nurses enough time on the job to read research, empowering them to alter patient care practices in light of research findings, and developing nurses' computer abilities through training programs, workshops, incentives for conducting research, and information sources all are available.

Moreover, in Iran, Khammarnia *et al.* (2015) conducted a cross-sectional study to identify the obstacles nurses face in implementing EBP. 280 nurses were given the questionnaire on obstacles to EBP implementation, which consists of 27 statements. More than half of the participants stated that organizational and individual factors, respectively, account for 56% and 57% of the obstacles to the adoption of evidence-based practice. Participants noted a lack of human resources (78.3%), a lack of workplace internet access (72.2%), and a hard workload (70.0%) as organizational impediments. Lack of time to read (83.7%), inability to operate a computer (68.8%), and poor English language skills (62.0%) were the main barriers at the individual level. Organizational hurdles to the implementation of EBP were connected with age, education, work experience, and employment status. Only education was linked to obstacles to the use of EBP at the individual level. EBP implementation obstacles can be found at both the individual and organizational levels. EBP is a measure of nursing practice quality. Therefore, it is advised that Iranian nurses become familiar with EBP. Additionally, understanding the obstacles will aid in creating an EBP culture inside the hospital system and among policymakers.

In Canada, Sidani *et al.* (2016) conduct a study to examine how nurses felt about interventions targeting patient outcomes that are supported by evidence. The scene was a large city in Eastern Canada, and the participants were nurses hired from three university care facilities in that same large city. research study wanted to look at nurses' perception of evidence-based practice interventions addressing patient outcomes. 110 nurses responded to the fliers that were

sent, but only 56 nurses participated in the interviews. It made use of the Intervention Acceptability Scale. After the nurses read the interventions and outcomes, an interview was conducted with each participant. Each participant was interviewed after they had read the interventions and results. In the interviews, it was discovered that, with the exception of massage, imaging, and relaxation, the nurses agreed with the interventions under the category of relevance to practice. The nurses questioned if they could accomplish this in their practice. Time restrictions and the presence of cognitive or linguistic limitations in patients were obstacles to implementation. This study's sample size and utilization of an interview setting were also limitations.

Another descriptive study conducted in Egypt by Mahmoud and Abdelrasol (2019) descriptive study to Identify challenges to nurses using EBP in a medical setting. At Benha University Hospital, a convenient sample of 154 nurses was used for the research. According to the results, organizational constraints were considered as the biggest barrier to EBP by nurses (90.9%), followed by research quality (86.9%), research accessibility (51.0%), and individual characteristics (35.9%). The age, education level, and years of work experience of nurses were significantly correlated with organizational constraints, research quality, and accessibility-related barriers (P 0.05). The study's findings highlighted the need to increase nurses' capacities in relation to the use of EBP in patient care by highlighting a number of barriers to nurses implementing EBP in their clinical settings.

Similiraly, in Saudi Arabia, a cross-sectional study done by Alqahtani *et al.* (2022b) to investigate the difficulties primary care nurses have implementing EBP. Using the obstacles scale, 284 nurses were surveyed in total. The results revealed that the three most significant impediments were: (1) that the study results are not generalizable to nurse settings; (2) that the

facilities are insufficient; and (3) that physicians do not support the implementation. Findings revealed that the adoption of EBP differs by gender, degree of education, and job position and that nurses confront organizational-related constraints to a modest extent.

Another descriptive cross-sectional study was conducted by El-Said, Zaki, and Jakalat (2013) in kingdom of Saudi Arabia at Yanbu General Hospital. The purpose of the study is to evaluate the enablers and barriers to nurses applying evidence-based practice. All of the nurses who work full-time and part-time. Outcome measure: Three outcomes assessed at barriers and facilitators for implementing evidence-based practice among nurses. According to the result, knowledge (68.8%), practice (70), authority (72%), setting (70.7%), and research usage (72%) are the barriers to evidence-based nursing, while facilitation for EBN is 28.7%. The study's findings show a very statistically significant association between nurses' gender and evidence-based practice, as well as a highly statistically significant correlation between factors that support and hinder the use of evidence-based practices.

In Norway, Dalheim, Harthug, Nilsen, and Nortvedt (2012) conduct a cross-sectional study in a large Norwegian university hospital in Oslo. The purpose of the study was to investigate the variables affecting nurses' implementation of evidence-based practice. 407 nurses provided information between November 8 and December 3, 2010 using the Questionnaire for Developing Evidence-based Practice in Norwegian (DEBP). For support in practice, nurses primarily employed knowledge that was based on experience and was gathered through their observations, colleagues, and other collaborators. Rarely was scientific evidence employed. The biggest obstacles were a lack of time and inadequate search and management abilities for research evidence. The usage of sources of knowledge and self-reported barriers varied depending on the nurse's age, nursing experience, and time since earning the most recent health

professional degree. The use of research evidence was positively correlated with self-reported abilities in locating, evaluating, and using various sources of evidence, and was negatively correlated with usage obstacles.

In 2016, another quantitative research design in South Africa was done by Jordan, Bowers, and Morton (2016) to collect data from nurses in a private intensive care unit (ICU). The study aims to identify the nurses working in a private ICU's implementation obstacles for EBP on an individual and organizational level. The result was the identification of barriers at the individual level, including lack of familiarity with EBP, individual perceptions that support clinical decision-making, lack of access to information necessary for EBP, inadequate sources for evidence, incapability to synthesize the literature available, and change resistance. There were barriers to operations, change, and organizational support. According to this study, nurses under the age of 40 were more aware with the ideas of EBP. The adoption of EBP was not seen as having much support from physician.

Finally, in China, Li, Cao, and Zhu (2019) conduct a literature systematic review design to provide an overview of community nurses' (CNs) knowledge, attitudes, implementation, facilitators, and barriers to evidence-based practice (EBP). There were twenty articles total, publicated from 1996 to July 2018. The findings indicate that management roles, academic training, and younger age were the most often mentioned facilitator. The biggest obstacles preventing the transition from knowledge and attitudes to implementation were identified as not having enough time and resources. Interventions that were developed generally centered on facilitating knowledge rather than removing immovable impediments.

2.4 Importance of EBP in Emergency Department

In order for health systems to function effectively, nursing services are crucial. (Organization, 2010), clinical judgments made by nurses are crucial for patients' health and treatment outcomes (Thorsteinsson, 2013). A problem-solving method for patient care based on the best available and reliable evidence is known as evidence-based practice (EBP), which raises the standard of treatment (González-Sanguino *et al.*, 2020).

The use of EBP benefits nurses and patients both. Health systems even under pressure in recent years claim successfully to reduce cost and enhance service quality (B. M. Melnyk, Fineout-Overholt, Stillwell, and Williamson, 2010). Many initiatives to adopt EBP have been made in an effort to raise the standard of healthcare services and make wise use of the resources at hand. Even though everyone agrees that using EBP in nursing will improve healthcare services, its difficulty due to a number of variables has impeded its use (Saunders, Vehviläinen-Julkunen, and Stevens, 2016).

An Australian intervention study conducted by Considine and McGillivray (2010) to enhance the utilization of data regarding the avoidance of early complications in emergency nursing treatment for acute stroke. The study intervention was a guideline for Emergency Department nurse management of acute stroke, and a pre-test/post-test design was adopted. The outcomes measured before and after guideline implementation: triage category, waiting time, Emergency Department length of stay, time to specialist assessment, assessment and monitoring of vital signs, The outcome was the frequency of vital sign assessments rose, and triage decisions significantly improved. In terms of risk management, swallow assessment before oral intake increased by 41.3%, speech pathology assessment in the emergency department increased by 6.1%, and there was a 935-minute reduction in time to speech pathology assessment for admitted

patients. Documentation of pressure area interventions increased by 28.8%, documentation of nil oral status increased by 13.8%.

In addition, in USA, particularly in Brooklyn, Saqe-Rockoff *et al.* (2018) conduct an Evidence-Based Practice Project at YU Langone Hospital to accelerate the use of the most effective rewarming technique, reduce the time needed for temperature assessment, and boost core temperature assessment. Because there is a lot of evidence showing that hypothermia increases morbidity and death in trauma patients. The result was assessment of core temperature saw a considerable rise, rising from 4% in 2016 to 23% in 2017. In 2017, more normothermic patients used blankets. With minimal expense, best practices in temperature measurement and rewarming for trauma patients can be successfully applied.

Furthemore, Albarqouni *et al.* (2018) conduct a systematic review study and Delphi survey to the development of a consensual set of key competencies for health professionals in EBP. A modified Delphi survey study covered EBP teaching and learning programs. The finding was a total of 234 individuals representing a variety of health professions (doctors, nurses, and allied health professionals) registered their interest. Of them, 88 (61.1%) women and people with a mean age of 45.2 (10.2) years participated in rounds 1 and 2, respectively. There is agreement on 68 EBP key competences. The primary EBP domains were used to classify the final set of EBP core abilities. A description of the amount of detail or delivery was found for each critical ability. As a result, a consensus-based, up-to-date set of EBP core skills has been defined, which might help build the curriculum for health professionals' entry-level EBP teaching and learning programs and serve as a benchmark for EBP education.

Fimally, barriers to implementing and adhering to evidence-based practice interventions should be the subject of further study.

Summary:

This chapter reviewed literature regarding nurses' awareness of EBP, obstacles to implement EBP in nursing, and the importance of application of EBP in emergency department. Based on this literature, studies reveal that nurses largely rely on practices acquired from prior knowledge, experiences, and social contacts, rarely applying study findings to their work. This made me to be focus on literature of obstacle to implement EBP in nursing, in addition to the few numbers of studies conducted regarding this topic in Palestine.

Chapter Three

Methodology

3.1 Introduction

This study will adopt a mixed approach, cross-sectional quantitative descriptive design, and qualitative. In this chapter, I will explain the method design, study setting, sampling and requirements of the sample, sample size, inclusion criteria, exclusion criteria, sampling, and characteristics of data collection instruments. The method will address the research question and will lead to the objectives of the study.

3.2 Study Setting

The stratified sample will be used largest hospitals on West Bank and Jerusalem , In this study, were conducted in a multi-center study (Governmental. Non Governmental, educational, and private). Small hospitals will be excluded because to consume time and finance. See (Table 3.1)

3.3 Sampling and Recruitment of Sample

A sampling includes the selection of a group of events, people, behaviors, or any other elements to conduct a study with it. The sampling theory was created to identify the most effective way to acquire a sample in a mathematical way that would accurately reflect the target sample of the study. Its elements include populations, concept, sampling criteria, sampling errors representative sample, sample type, sampling plans, and sampling frames (Ingham-Broomfield, 2015). A convenient sample will be chosen, all emergency nurses working in Palestinian hospitals.

3.3.1 Sampling of Method

The stratified sample was used largest hospitals on West Bank (Governmental. Non Governmental, educational, and private). The district devided into three parts, north, middile, and south. Non-Randomize, convenient sample was according to the determination of the inclusion criteria. In qualitative part, the sample was used from hospitals with high obstacles (3 nurses) and hospital with low obstacles (3 nurses).

3.3.2 Sample Size

Using an online sample size calculator (OpenEpi, Version 3.01), the sample size was determined to be 236 with a confidence level of 90% and an absolute precision of 5%. (OpenEpi, 2013). 10% dropout was also included in the final and smallest computed sample size which was (194). Two hundred thirty six ED nurses were included in the study's sample in the quantitative part. In the qualitative part , the total sample of the participant was six nurses divided into three with high obstacles and three with low obstacles.

3.3.3 Inclusion and Exclusion Criteria

All of the nurses that works in the emergency roomin targeted hospitals were included in this study. Only emergency nurses who are not on duty during data collection were excluded and the nurses who work in an excluded hospital, as it would be time and financially-consuming.

3.3.4 Population and Study Sample

Table 3.1 shows the distribution and numbers of nurses who participated in the study and the type of hospitals. The total number of emergency nurses in targeted hospitals is two hundred eighty four nurses, and Two hundred thirty six nurses responded, (83%) was the response rate. In the qualitative part , the total sample of the participant was six from the nurses divided into three with high obstacles and three with low obstacles.

Table 3.1: Number of ER nurses and type of hospital

District	City	Name of Hospital	Type of hospital	No. of ER Nurses	No. of ER Nurses Participated in the Study
North	Jenin	Khalil Suleiman	Governmental	20	16
	Tulkarem	Thabet Thabet	Governmental	12	10
	Nablus	AL Najah	Educational	10	7
		Rafedia	Governmental	18	17
		Alwatani Hospital	Governmental	22	20
Middle	Ramallah	Palestinian Medical complex	Governmental	40	30
		Istishari Arab Hospital	Private	11	10
	Jerusalem	Al-Makassed	Charitable	17	16
	Jericho	Jericho hospital	Governmental	14	12
South	Hebron	Mohamad Al-Mohtaseb	Governmental	13	9
		Al-Ahli hospital	Charitable	25	25
		Alia hospital	Governmental	30	20
	Bethlehem	Al-Husain hospital	Governmental	18	14
		Bethlehem Arab Society for Rehabilitation	Private	11	9
	Yatta	Abu Al-Hasan Alqasim	Governmental	23	21
Total		15		284	236

3.4 Study Instrument

3.4.1 Tool of Quantitative Part

The tool was obtained from study conducted previously; reliability of the tool was tested through a pilot study by using Cronbach's alpha test. Its value was 0.87, which reflects that the obstacles scale was highly reliable. The questionnaire that used consisting of three parts:

1 The first part will include demographic data of the participant (age, gender, income, marital status).

2 The second part will include work factors (experience years, academic level, faculty position, job position, day shift, and type of hospital).

3 The third part will include obstacles to the EBP scale, which were adapted from Funk *et al.* It is a Likert-typ scale with five options: strongly agree, agree, unsure, disagree, and strongly disagree. It contained obstacles to employing nurses from the utilization of EBP in patient care the scale was divided into four parts: the first part included nine obstacles related to individual characteristics, the second part contained nine obstacles allied to organization limitations, the third part consisted of seven obstacles linked to research qualities, and the fourth part comprised five obstacles joined to research accessibility (Mahmoud and Abdelrasol, 2019). (See appendix A)

3.4.2 Tool of Qualitative Part

A semi-structured interview was conducted with three nurses who have a high level, and another three nurses who have a low level. The nurses were invited to work in the ED of targeted hospitals. (See appendix B).

3.4.2.1 Data Collection Method of Qualitative Part

Data was collected through individual semi-structured interviews. After getting verbal permission from the participant to record the interview. An audio recording interview was conducted for 30 to 40 minutes, asking open-ended questions. The researcher and interviewees agreed upon the day, time, and location of the interview sessions. The interview was in close meeting rooms in two of the targeted hospitals, the environment was quiet, daytime lighted, and privacy ensured. The interview began with a question that formulated the main research question which was three questions. Additionally, explanations were also gained based on participant responses and by posing follow-up probing questions like " “Would you please detail your explanation?” and “explain your experience more, please”. For additional analysis, a voice recorder was used to capture each interview. The interviews continued until data saturation when the researcher start to hear the same response and there were no new themes or ideas. The first one was from your point of view what was the most common obstacle preventing applying EBP in your department? The second question was about the obstacles to applying EBP regarding the organization aspect, individual aspect, and research aspect (Khammarnia *et al.*, 2015). The third question was what are the factors that you think would facilitate you in providing evidence-based care (Gerrish *et al.*, 2007)

3.4.2.2 Method of Analysis of Qualitative Part

Thematic analysis based on descriptive phenomenology, this design was used to describe nurses’ experince by going to the original data to the identification of meaning, organize these data into patterns, and writing the result into themes and subthemes related to the study aim.

3.5 Pilot Study

Pilot research, which was not included in the sample size, used 10% of the sample size. It was done to determine how well-written the questionnaire was and how long it would take to collect the data. With a Cronbach's Alpha of 0.875, all of the questionnaire's statements appeared to be sufficiently reliable. The following demographic data were gathered: age, sex, education, and work experience.

3.6 Ethical Consideration

Ethical approval was obtained from the IRB committee at AAUP university (code No.2022/C/14/N) see (Appendix C). Permission was obtained from the department of Graduated study at AAUP, letters were taken from the administration of the University to MOH and private hospitals. Permission was obtained from included hospitals (governmental, non-governmental, educational, and private hospitals). Respect, beneficence, justice, and truthfulness. For this study, no risks or harms to participants were found.. No participant risks or harm were identified for this study. Dignity and Privacy were ensured in this study. The participant was treated with honor and respected their confidentiality. The participant who agreed to give their names and phone numbers was obtained for the qualitative part of the study to recall them. Participant data was safe and available just for the research team. Data and questionnaires were destroyed according to the university policy consent form.

Chapter Four

Result

4.1 Introduction

In this chapter results of obstacles in the application of evidence-based practice by emergency nurses in Palestinian Hospitals are shown. The first part contains Demographic Characteristics for nurses, the second part contains descriptive statistics for emergency nurses' opinions toward different obstacles, and the third part is for inferential hypothesis which tests the relationship between obstacles related to demographic variables, type of hospital, and work factors.

The calculated data were analyzed and tabulated using mean and standard deviation for quantitative data, and correlation coefficient was calculated using SPSS, version 20, to determine if there were statistically significant relations. In qualitative part thematic analysis based on descriptive phenomenology.

4.2 Demographic Characteristics

The total number of samples was two hundred thirty-six emergency nurses distributed in different types of the hospital as the following: 71.6% of the sample was for governmental hospitals,17.4% for charitable hospitals,8.1% for private hospitals, and just 3% of the sample for educational hospitals. About two third of the total sample were male, 80.9% their age less than 35 years, half of the sample were married, 73.7% of emergency nurses their experience of fewer than 10 years, and 92.8% their experience in the emergency department less than 10 years, 73.3% of samples had bachelor’s degree in nursing, half of them had faculty position (lecturer or clinical training), half of the sample were senior nursing as shown in (Table 4.1).

Table 4.1: Demographic Variables of respondents and work factors.

	Variables		Frequency	Percentage
	Gender	Male	**145**	**61.4%**
		Female	**91**	**38.6%**
	Age(years)	Less 35 Years	**191**	**80.9%**
		35-45 Years	**33**	**14%**
		More 45 Years	**12**	**5.15**
	Marital status	Single	**92**	**39%**
		Married	**141**	**59.7%**
		Divorce	**3**	**1.3%**
	Working experience	Less than 10 Years	**174**	**73.7%**
		10-15 Years	**41**	**17.4%**
		More than 15 Years	**21**	**8.9%**
	Working experience in the emergency department	Less than 10 Years	**219**	**92.8%**
		10-15 Years	**10**	**4.2%**
		More than 15 Years	**7**	**3%**
	Academic level	Practical	**26**	**11%**
		Bachelor's	**174**	**73.7%**
		High Diploma	**14**	**5.9%**
		Master	**22**	**9.3%**
	Faculty position (lecturer, clinical training)	Yes	**120**	**50.8%**
		No	**116**	**49.2%**
	Job position	Metron	**3**	**1.3%**
		Supervisor	**6**	**2.5%**
		Head Nurse	**15**	**6.4%**
		Assistance Head Nurse	**12**	**5.1%**
		Senior	**131**	**55.5%**
		Junior	**69**	**29.2%**
	Day shift	A	**83**	**35.2%**
		B	**9**	**3.8%**
		C	**1**	**0.4%**
		BC	**70**	**29.7%**
		A+B	**7**	**3%**
		A+BC	**66**	**28%**
0	**Type of hospital**	Governmental	**169**	**71.6%**
		Charitable	**41**	**17.4%**
		Private	**19**	**8.1%**
		Educational	**7**	**3%**
1	**City**	Jerusalem	**16**	**6.8%**
		Hebron	**54**	**22.9%**
		Ramallah	**40**	**16.9%**
		Nablus	**44**	**18.6%**
		Bethlehem	**23**	**9.7%**
		Jenin	**16**	**6.8%**
		Tulkarem	**10**	**4.2%**
		Jericho	**12**	**5.1%**
		Yatta	**21**	**8.9%**

4.3Descriptive Statistics of Obstacles in the Application of Evidence-Based Practice by Emergency Nurses in Palestinian Hospitals.

The total mean for emergency nurses' perception toward obstacles regarding individual characteristics equals 2.48 (Std. Dev. = 1.10) considered moderate disagreement as shown in Table 4.2. The table also reveals that the majority of the studied subjects (27.5%, 25%, and 23.7%, respectively) agreed and strongly agreed with a lack of awareness about the research, the little benefit for self, and unwillingness to try new ideas.

Table 4.2: The Obstacles regarding individual characteristics.

#	Statement	Rank	Strongly Disagree	Disagree	Neutral	Agree	Agee Strongly	Mean	S. D
			1	2	3	4	5		
A1	Unwilling to try new ideas	**3**	27.5%	36.4%	11.4%	22.5%	1.3%	**2.33**	**1.14**
A2	Low benefits from changing practice	**6**	16.1%	45.3%	14.4%	18.6%	3.8%	**2.48**	**1.09**
A3	Research is not valuable for practice	**8**	16.9%	47.5%	16.1%	13.6%	4.7%	**2.41**	**1.07**
A4	Inability to evaluate research quality	**4**	15.7%	37.7%	22.5%	19.5%	3.4%	**2.57**	**1.08**
A5	Little benefit to self	**2**	14.4%	42.4%	16.5%	21.2%	3.8%	**2.57**	**1.09**
A6	There is no need to change the practice	**9**	24.6%	41.1%	16.9%	14.0%	2.1%	**2.27**	**1.05**
A7	Lack of awareness about the research	**1**	17.4%	34.7%	19.5%	22.5%	5.1%	**2.63**	**1.16**
A8	No contact with colleagues	**5**	19.1%	36.4%	20.3%	18.2%	4.7%	**2.52**	**1.13**
A9	Distrust from the research results	**7**	18.2%	35.6%	25.4%	17.4%	3.0%	**2.51**	**1.07**
Total								**2.48**	**1.10**

The total mean for emergency nurses' perception toward obstacles regarding research accessibility equal 2.65 (Std. Dev. = 1.08) considered moderate disagreement (Table 4.3).

Table 4.3 reveals that the majority of the studied subjects (30.5%, 29.2%, and 27.1%, respectively) agreed and strongly agreed with statistical analyses are unclear, research articles are not available and implication for practice is vague.

Table 4.3: The Obstacles regarding research accessibility.

#	**Statement**	**Rank**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Agree Strongly**	**Mean**	**SD**
			1	2	3	4	5		
B1	Implication for practice is vague	**3**	16.1%	33.9%	22.9%	24.6%	2.5%	**2.64**	**1.09**
B2	Research articles are not clear	**4**	14.0%	41.1%	19.5%	23.3%	1.3%	**2.56**	**1.03**
B3	Researches are irrelevant to practice	**5**	12.7%	38.1%	25.0%	20.8%	3.0%	**2.63**	**1.04**
B4	Statistical analyses are unclear	**1**	13.6%	29.2%	25.4%	27.5%	3.0%	**2.77**	**1.09**
B5	Research articles are not available	**2**	18.6%	30.9%	19.9%	25.8%	3.4%	**2.64**	**1.15**
Total								**2.65**	**1.08**

The total mean for emergency nurses' perception toward obstacles regarding organization limitations equal 3.03 (Std. Dev. = 1.21) considered moderate disagreement Table 4.4. The table also shows that the majority of the studied subjects (47.5%, 47%, and 46.2%, respectively) agreed and strongly agreed with there is no library at the hospital, insufficient time to apply a new idea, and lack of authority to change care.

Table 4.4: The Obstacles regarding Organization Limitations.

#	Statement	Rank	Strongly Disagree	Disagree	Neutral	Agree	Agree Strongly	Mean	SD
			1	2	3	4	5		
C1	Inadequate facilities	**5**	19.5%	23.7%	12.7%	39.4%	4.2%	**2.85**	**1.25**
C2	Lack of authority to change care	**3**	9.3%	27.1%	16.5%	41.5%	4.7%	**3.05**	**1.12**
C3	There is no library at the hospital	**1**	8.9%	25.0%	15.7%	33.9%	13.6%	**3.19**	**1.22**
C4	Other staff are not supportive	**6**	8.9%	28.4%	18.6%	29.2%	10.6%	**3.04**	**1.19**
C5	Results are not universal to own setting	**7**	10.6%	23.7%	23.3%	29.7%	10.2%	**3.05**	**1.18**
C6	Lack of time to read the research	**4**	11.4%	21.2%	19.9%	33.9%	10.6%	**3.11**	**1.21**
C7	Administration hinder achievement	**9**	11.0%	22.9%	27.5%	29.2%	7.6%	**3**	**1.13**
C8	Insufficient time to apply a new idea	**2**	14.8%	19.9%	17.4%	38.1%	8.9%	**3.06**	**1.24**
C9	Physicians are not cooperative	**8**	16.5%	25.0%	20.3%	20.3%	16.9%	**2.96**	**1.34**
Total								**3.03**	**1.21**

The total mean for emergency nurses' perception toward obstacles regarding individual characteristics equals 2.93 (Std. Dev. = 1.07) considered moderate disagreement as shown in Table 4.5. The table also shows that the majority of the studied subjects (49.2%, 36%, and 36%, respectively) agreed and strongly agreed with publishing takes a long time, and the language of published researchers and research information is vast.

Table 4.5: The Obstacles regarding research quality.

#	Statement	Rank	Strongly Disagree	Disagree	Neutral	Agree	Agee Strongly	Mean	SD
			1	2	3	4	5		
D1	Publishing takes a long time	**1**	14.4%	19.9%	15.3%	43.2%	5.9%	**3.06**	**1.21**
D2	The language of the published researcher	**2**	12.7%	22.9%	27.5%	33.5%	2.5%	**2.9**	**1.08**
D3	Conclusions are not reasonable	**7**	11.0%	28.8%	27.5%	29.7%	1.7%	**2.82**	**1.03**
D4	Literature has conflicting results	**6**	10.2%	25.0%	29.2%	30.5%	3.0%	**2.91**	**1.04**
D5	Research has not been replicated	**5**	8.9%	25.0%	30.5%	30.9%	3.0%	**2.94**	**1.02**
D6	Methodological inadequacies	**4**	12.3%	23.7%	28.4%	30.9%	3.4%	**2.89**	**1.08**
D7	Research information is vast	**3**	9.7%	21.6%	31.8%	31.8%	4.2%	**2.99**	**1.05**
Total								**2.93**	**1.07**

Table 4.6 represents the ranking of obstacles to EBP utilization and percentages of studied subjects who perceive barriers. The table shows that research accessibility is the greatest obstacle (42.5%), followed by the individual characteristic (36.6%), research quality obstacle (27%), and organizational limitations (22.1%). The total percent of obstacles is 31.98% which is moderate.

Table 4.6: Rank of obstacles and percentages of nurses who perceived them as high and low.

	Obstacles	Rank	Percentage
Obstacle I	Organizational limitations	**4**	**22.1%**
Obstacle II	Research quality	**3**	**27%**
Obstacle III	Research accessibility	**1**	**42.5%**
Obstacle IV	Individual characteristics	**2**	**36.3%**
Total Obstacles			**31.98%**

4.4Hypothesis Testing

4.4.1 Null Hypothesis 1: There is No Significant Relationship Between Type of Hospital and Obstacles Toward EBP.

There was a significant difference between type of hospital and individual characteristics obstacles since p – value equal 0.001 less than $\alpha \leq 0.05$ in favor of charitable hospitals. However, other obstacles have p-value more than $\alpha \leq 0.05$ that mean no significance differences table (Table 4.7). There is no significant relationship between total obstacles and type of hospital since p – value equal 0.064 more than $\alpha \leq 0.05$. The testing result show that null hypothesis is accepted

Table 4.7: The relationship between the type of hospital and obstacles toward EBP.

Variable	**Individual characteristics**		**Research accessibility**		**Organizational limitations**		**Research quality**		**Total obstacles**		
	F value	P value (sig)	F value	P value (sig)	F value	P value (sig)	F value	P value (sig)	%	F	P value (sig)
Type of hospital	5.51	**0.001**	1.86	1.13	0.22	0.84	0.58	0.62	**52.6**	**2.45**	**0.064**

There is no significant relationship between hospitals with JCI accreditation and obstacles toward EBP. Since p-value more than $\alpha \leq 0.05$ that mean no significance differences as shown in Table 4.11.

Variable	Individual characteristics		Research accessibility		Organizational limitations		Research quality		Total obstacles		
	T value	P value (sig)	T value	P value (sig)	T value	P value (sig)	T value	P value (sig)	%	T	sig
JCI	1.56	0.120	0.47	0.638	1.04	0.300	1.72	0.091	**51.22 %**	**1.40**	**0.23**

Table 4. 8 The relationship between hospitals with JCI accreditation and obstacles toward EBP.

4.4.2 Null Hypothesis 2: There is No Significant Relationship Between Demographic Data of Nurses and Obstacles Toward EBP.

There was a significant difference between individual characteristics and gender since p – value equal 0.04 less than $\alpha \leq 0.05$ in favor of male nurses and related to research accessibility since p – value equal 0.018 less than $\alpha \leq 0.05$ in favor of male nurses as shown in (Table 4.12)

There was a significant difference between organizational limitations and nurses age since p – value equal 0.001 less than $\alpha \leq 0.05$ in favor of nurses less than 35 years and related to research quality since p – value equal 0.005 less than $\alpha \leq 0.05$ in favor of nurses less than 35 years as shown in (Table 4.12). However, other obstacles have p-value more than $\alpha \leq 0.05$ that

mean no significance differences as shown as in (Table 4.12). There is no significant relationship between total obstacles and gender since p – value equal 0.24 more than $\alpha \leq 0.05$. There is no significant relationship between total obstacles and marital status since p – value equal 0.61 more than $\alpha \leq 0.05$. There is significant relationship between total obstacles and age since p – value equal 0.028 less than $\alpha \leq 0.05$. The testing result show that null hypothesis is partially accepted

Table 4. 9 The relationship between demographic data of nurses and obstacles toward EBP.

Demographic Variable	**Individual characteristics**		**Research accessibility**		**Organizational limitations**		**Research quality**		**Total obstacles**		
	F / T value	P value (sig)	F / T value	P value (sig)	F / T value	P value (sig)	F / T value	P value (sig)	**%**	**T / F**	**P value (Sig)**
Gender	2.06	**0.004**	2.37	**0.018**	-0.17	0.85	0.412	0.68	**54.95 %**	**1.16**	**0.24**
Age (Years)	0.50	0.60	2.07	0.128	7.15	**0.001**	5.41	**0.005**		**3.62**	**0.028**
Marital status	0.49	0.60	0.56	0.57	0.60	0.54	0.38	0.68		**0.48**	**0.61**

4.4.3 Null Hypothesis 3: There is No Significant Relationship Between Work Factors and Obstacles Toward EBP?

For individual characteristics obstacles there was a significant difference related job position since p – value equal 0.03 less than $\alpha \leq 0.05$ in favor of assistance head nurses, related to city since p – value equal 0.000 less than $\alpha \leq 0.05$ in favor of Tulkarm city (Table 4. 10).

For research accessibility obstacles there was a significant difference related to working experience since p – value equal 0.007 less than $\alpha \leq 0.05$ in favor of less than 10 years and

related to city since p – value equal 0.000 less than $\alpha \leq 0.05$ in favor of Tulkarm city as shown as in (Table 4. 10).

For organizational limitations there was a significant difference related to working experience since p – value equal 0.002 less than $\alpha \leq 0.05$ in favor of less than 10 years, related to day shifts since p – value equal 0.001 less than $\alpha \leq 0.05$ in favor of (A+BC shifts) and related to city since p – value equal 0.000 less than $\alpha \leq 0.05$ in favor of Jenin city (Table 4. 10).

For research equality there was a significant difference related to working experience since p – value equal 0.002 less than $\alpha \leq 0.05$ in favor of less than 10 years, related to day shifts since p – value equal 0.004 less than $\alpha \leq 0.05$ in favor of (A+BC shifts) and related to city since p – value equal 0.000 less than $\alpha \leq 0.05$ in favor of Jenin city as shown as in Table 4. 10. The testing result shows that null hypothesis is partially rejected. There is a significant relationship between total obstacles and working experience and city since p – value less than $\alpha \leq 0.05$. There is no significant relationship between total obstacles and ER experience, academic level, job position, and day shift. Since p – value more than $\alpha \leq 0.05$. The testing result show that null hypothesis is partially rejected

Table 4. 10 The relationship between the working factors of nurses and obstacles toward EBP.

Working factors	**Individual characteristics**		**Research accessibility**		**Organizational limitations**		**Research quality**		**Total obstacles**		
	F value	P value (sig)	F value	P value (sig)	F value	P value (sig)	F value	P value (sig)	**%**	**T/ F**	**P value (Sig)**
Working experience	1.76	0.77	5.04	**0.007**	6.44	**0.002**	6.30	**0.002**	**57.61%**	**5.98**	**0.003**
ER experience	1.12	0.32	0.91	0.40	0.59	0.55	0.94	0.38		**0.440**	**0.64**
Academic level	0.69	0.55	1.48	0.22	2.48	0.06	1.28	0.28		**1.97**	**0.118**
Job position	7.41	**0.03**	1.31	0.25	0.56	0.72	1.39	0.22		**0.355**	**0.55**
Day shift	2.01	0.07	1.38	0.23	4.12	**0.001**	4.01	**0.004**		**1.92**	**0.092**
City	4.89	**0.000**	9.19	**0.000**	14.92	**0.000**	13.51	**0.000**		**13.96**	**0.000**

4.5.1 Qualitative Part Analysis

All interviews started with the same questions: from your point of view what was the most common obstacle prevent applying EBP in your department, what is the obstacle of applying EBP regarding organizational aspect, individual aspect and research aspect, and what are the factors that you think facilitate you in providing evidence -based care. Follow-up questions were raised to probe deep descriptions, for example questions such as: "would you please detail your explanation?" and “explain your experience more, please" Interviews were transcribed verbatim and analyzed using thematic content analysis. The text of participants’ answer was read and reread to gain the whole meaning. Then the analytic process started with getting descriptive codes for the different texts. After comparing the similarities and differences of codes, a group of

themes appeared which was divided into subthemes that expressing the content of participants' answer.

As a result of interview with three nurses who are with high level of obstacles of applying EBP, two of them say that due to lack of non-medical services, knowledge and training, lack of structured support, gap between theory and practice and culture acceptance. While the three nurses say that the obstacle due to lack of research resources, lack of reward and motivation systems and overload. Just one of them says due to limited Nurses' autonomy (Table 4.11).

Table 4.11: Obstacles in application of evidence-based practice by emergency nurses who have high level in Palestinian Hospitals.

Themes	**Subthemes**	**Participants' words**	**Percentage**
Lack of resources and skills	Lack of non-medical services, knowledge and training	"There is no library" "I had limited skills to use Microsoft and access to free journals" "I don't know how to find key points and look for it on internet" "There is no library" "There is no internet access" "There are no research training sessions"	66.7%
	Lack of research resources	"There is no previous research about all topic in country" "The lack of availability of research reports"	100.0%
Lake of reward system	Lack of reward and motivation systems.	"There is no financial help to conduct research" "There is no encouragement to do research"	100.0%
Lack of support	Lack of structured support	"There is no cooperation from other non-nursing staff/manage teams in organization" "There is shortage of nurses" "There is miscommunication between continuous education and nursing departments"	66.7%
	Limited Nurses' autonomy	"Limited decision-making role" "Lack of authority to change practice"	33.3%
	Overload	"Time insufficient" "Work overload" "There is no time for break" "Sometimes I miss pray"	100.0%
Theory gap practice, Cultural factors	Gap between theory and practice. Culture unacceptance	"Some practice cannot be applied in our country" "For example, we cannot do S-beta HCG for single ladies"	66.7%

While the result of interview three nurses who have low level of obstacles show that three of them say they had low obstacle due to good Computer, Microsoft, and English language skills Trained skills Human resources support and Desire to review literature, while two of them say due to Research conduction skills, Change practice skills, structured support, Structured resources, and desire to change, but one of them say due to Inside, outside support and desire to gain experience as shown in (Table 4.12).

Table 4.12: The factors that identified by emergency nurses who had low level of obstacles of applying evidence-based care in Palestinian hospitals.

Themes	Subthemes	Participants' Words	Percentage
Skills Support	Computer, Microsoft, and English language skills	"Good skills in English language" "Able to work with computer"	100.0%
	Research conduction skills	"Know how to start doing research" "Did research before" "I feel I can do research and I am excited to start" "I can make judge about the quality of research articles"	66.7%
	Change practice skills	"I know convincing other to change practice" "I am in position help me to change"	66.7%
	Trained skills	"I previous had trained at university" "I did research before"	100.0%
	Human resources support	"There is training courses of new evidence-based practice for example (BLS, ACLS)" "There is an access to internet at work"	100.0%
	Structured support	"Cooperating with physician" "Good nurses' role in decision making" "There is some policies and protocol"	66.7%
	Inside, outside support	"Support from other non-nursing staff/manage men" "There is a time outside of treatment to do research" "There is an access to library with nursing journals"	33.3%
Resources Availability	Structured resources	"There is availability of research reports" "There is a library" "There is internet access at work"	66.7%
Changing desire	Desire to gain experience	"I always look for evidences related to my setting and population" "Sometimes I try to formulate research questions" "Visiting other emergency departments even local or global, and sometimes asking about the experience"	33.3%
	Desire to review literature	"I try to have resources at my site" "Try to find time to read literature"	100.0%
	Desire to change	"Desire to find time outside of treatment to do research" "I feel I have the ability to change practice" "I encourage myself to do research"	66.7%

For the result of asking the question what are the factors that you think facilitate you in providing evidence -based care. The result was six nurses recommend to support from Administration and Human resources and Mentoring, five nurses recommend to apply Rewarding, motivating, and funding system, four of nurses recommend to provide Structures support, three of nurses recommend to Encouragement and two of nurses recommend to Collaborating with research expertise as shown in (Table 4.13).

Table 4.13: The factors identified by participants which recommended applying evidence-based care.

Themes	Subthemes	Participants' Words	Percentage
Protocols	Administration and Human resources support	"Impose protocols and policies that ensure providing evidence base practice" "Increase the team" "Easy access to data" "Quality accreditation"	100%
	Structures support	"Free access for full text articles and updates" "Made library in hospitals" "Make part of CE department role is providing research courses"	66.7%
Commitment	Mentoring	"Mentor and observe commitment and compliance with evidence- based care" "Protocols and policies"	100.0%
	Collaborating	"Collaborating with research experts in the agency or in near universities"	33.3%
Fund system	Funding	"Make a fund system for important researches that can be done in that hospitals"	83.3%
	Encouragement	"Encourage to take master degrees by full or partial funds from the hospitals" "Encourage to do research by give study day for nurse"	50.0%
Reward system	Rewarding and motivating	"Make reward system for important researches" "Financial reward for nurse who conduct research" "Motivating staff to participate in research"	83.3%

4.5.2 Summary

Emergency nurses identify that the obstacles of implement EBP are lack of resources and skills, lack of reward system, and cultural unacceptance. While, other emergency nurses found that skills support, resources availability, and desire to change are factors facilitate implementing EBP in emergency room.

4.6 Chapter Summary

This chapter reviewed demographic data of sample population, descriptive statistics of obstacles, testing hypothesis and qualitative part analysis based on thematical descriptive design.

Chapter Five

Discussion

5.1 Introduction

In this chapter, a discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. EBP has gained popularity as a strategy that can affect knowledge and practice within the nursing profession since it is a primary priority for healthcare policymakers, practitioners, and researchers. EBP is a method to provide care at a high level for patients in emergency departments, decrease service costs and enhance nurses' professional progress. Nurses who provide care depend on evidence-based have better decision-making. This study was conducted to assess the obstacles in applying EBP among emergency nurses in Palestinian hospitals.

The finding of the present study shows that research accessibility, individual characteristics, research quality, and organizational limitation are obstacles to applying EBP among emergency nurses in Palestinian Hospitals. Research accessibility is the greatest obstacle (42.5%), followed by an individual characteristic obstacle (36.6%), research quality obstacle (27%), and organizational limitations (22.1%). The total percentage of obstacles is 31.98%. The obstacles of EBP regarding the type of hospital is (52.66%), while with demographic data is (54.95%), and with work factor is (57.61%). There was no relationship between obstacles and if the hospital was JCI accredited or not.

5.2 Quantitative Part Discussion

5.2.1 The Obstacles Regarding Individual Characteristics

The individual characteristics were ranked by the study subjects as the second greatest barrier, the majority of the studied subjects (27.5%, 25%, and 23.7%, respectively) agreed and strongly agreed with lack of awareness about the research, a little benefit for self and unwilling to try new ideas. There was a significant difference between the type of hospital and individual characteristics obstacles in favor of charitable hospitals. There was a significant difference between individual characteristics and gender in favor of male nurses. For individual characteristics obstacles there was a significant difference related to job position since in favor of assistance head nurses. This may be related to inadequate knowledge of and training in research methodologies, as well as a lack of education and involvement of nurses in research activities, as well as the hospital's ongoing education program's inability to fulfill its responsibility to educate and train nurses about research and evidence-based nursing practice, no reward system for using research and the fear from change and trying new ideas. The gap between theory and practice will widen as a result of highly educated nurses' lack of involvement in practical areas and their hasty pursuit of positions as faculty at various universities or travel for higher income. They also fail to benefit their hospitals from results of evidence-based research and serve as no role models for other nurses. In addition, male nurses have less time in their social life to do research, they use their free time to improve their income as doing research has no reward. The assistant head nurse’s role is more responsible to provide equipment and supplies, arranging them, ensure their validity and follow up on technical matters. In charitable hospitals, nurses are more responsible to do perfect service in less time which increases workload and they have no chance to create and implement new ideas.

These results concur with those of several earlier research that found a lack of confidence in locating and appraising nursing practice evidence to be a significant obstacle. El-Shaer and Elhanafy (2012) results showed that at Mansoura University, obstacles related to nursing were considered the biggest obstacle, followed by barriers related to setting and finally barriers linked to research. Participant in the Khammarnia *et al.* (2015) survey agreed that 57% of impediments at the individual level were a lack of time to read literature (83.7%), an inability to operate a computer (68.8%), and a lack of English language competency (62.0%).

Additionally, participants were informed by Mohamed *et al.* (2015) that translating the articles into understandable terms and enhancing nurses' attitudes toward research would facilitate the implementation of EBP. While Alqahtani *et al.* (2022b)find that the three top-ranked barriers were (1) the results of the studies are not generalizable to nurses' setting, (2) facilities are inadequate, and (3) physicians do not cooperate with the implementation, these result connected with the result of this study that finds research is not valuable for practice and no contact with colleagues.

Additionally, the result agreed with another study that the barriers to evidence-based nursing related to knowledge (68.8%) El-Said *et al.* (2013), while the highest obstacle of individual characteristics in this study is lack of awareness about the research (27.5%).

Also in line with this study's findings, Dalheim *et al.* (2012) concluded that the biggest obstacles were a lack of knowledge about how to obtain and organize research material. Utilizing research evidence was favorably correlated with self-reported abilities in identifying, evaluating, and using various forms of evidence, while obstacles to using research evidence were inversely correlated. Additionally, concurred with the findings of this study since individual characteristics

-such as a lack of expertise with EBP, individual perspectives that guide clinical decision-making and resistance to change- have been recognized as barriers.

This study result disagreed with another study that find individual characteristics are the lowest obstacle, Mahmoud and Abdelrasol (2019) find that the least obstacle to implementing EBP is individual characteristics with (35.9%). Although Wang, Jiang, Wang, Wang, and Bai (2013) study findings disagreed with this study result, they found that the lack of authority was ranked as the top greatest barrier as it organizational limitation factor. In addition, Li *et al.* (2019) disagreed with this study, as recognized the main barriers are inadequate time and resources, while these results consider the least obstacles in this study.

5.2.2 The Obstacles Regarding Research Accessibility

The study shows that research accessibility is the greatest obstacle (42.5%). The majority of this study subjects (30.5%, 29.2%, and 27.1%, respectively) agreed and strongly agreed with statistical analyses are unclear, research articles are not available and implication for practice is vague. There are no significant differences between demographic characteristics and type of hospital regarding research accessibility. For research accessibility obstacles there was a significant difference related to working experience in favor of less than 10 years and related to the city in favor of Tulkarem city. This can be because nurses lack the institution and training necessary to use library services, and inadequate knowledge making it difficult for them to evaluate scientific papers, also this may relate to the language of research, low research accessing skills, low computer skills, no clear source of information and no reward system of using research in practice.

According to these findings, which are consistent with earlier research, Mohamed *et al.* (2015) say that nurses face a number of obstacles to learning about EBP, including a lack of understanding of the value of research for practice and a lack of confidence in their ability to assess the quality of research. Participants also reported that access to research evidence is poor and that management views EBP as a low-management priority.

Moreover, El-Said *et al.* (2013) discover a significant correlation between the gender of nurses and evidence-based nursing, as well as a highly statistically significant correlation between barriers and facilitators of evidence-based practices. They also discover that the barriers to evidence-based nursing related to research utilization (72%) when they assessed barriers and facilitators for implementing evidence-based practice among nurses.

In addition, Jordan *et al.* (2016) find that obstacles to implementing EBP among nurses in a private critical care unit (ICU) include a lack of access to information necessary for EBP, inadequate sources to get evidence, and an inability to synthesize the literature accessibly. Furthermore, Li *et al.* (2019) conduct a research whose findings Insufficient resources were identified as the primary impediment to the transition from knowledge and attitudes to implementation, and it was advised to build interventions that were primarily focused on facilitating knowledge rather than removing impediments. Another study found that nurses believed that a key barrier to integrating research reports in practice was the lack of authority and the difficulty of accessing research findings (Hadgu, Almaz, Tsehay, Almaz, and Tsehay, 2015). Additionally, prior research identified one of the biggest obstacles to EBP as inadequate knowledge of terms used in research articles (Omer, 2012). Moreover, El-Shaer and Elhanafy (2012) study ranked research accessibility as the greatest obstacle at Damanhour University.

These results misaligned with a previous study which show that organizational imitations were the highest obstacle, followed by the research quality, research accessibility, and finally individual characteristics (Mahmoud and Abdelrasol, 2019). In addition, Khammarnia *et al.* (2015) find that more than half of the participants think that organizational and individual factors, respectively, account for 56% and 57% of the hurdles to the adoption of evidence-based practice. Additionally, Alqahtani *et al.* (2022b) findings revealed that adoption of EBP differs by gender, degree of education, and job position and that nurses confront organizational-related impediments to a modest extent.

5.2.3 The Obstacles Regarding Research Quality

The research quality was ranked by the study subjects as the third barrier, the majority of the studied subjects (49.2%, 36%, and 36%, respectively) agreed and strongly agreed with publishing takes a long time, the language of published researchers and research information is vast. There are no significant differences between research quality and type of hospital, for research equality, there was a significant difference related to working experience in favor of fewer than 10 years, related to day shifts in favor of (A+BC shifts) and related to the city in favor of Jenin city. This could be a result of a lack of effective communication between researchers and nursing practitioners due to different educational and philosophical backgrounds as well as a lack of knowledge, awareness, skills, and motivation regarding the utilization of research. The findings of our study, which are consistent with those of comparable studies conducted in other non-English speaking countries, indicated that the use of English as a dominating language of journals was another evident barrier for the nurses. However, excluding those who enroll in postgraduate studies, bachelor's degree nurses do not take courses in research after they graduate. Even if the research is excellently stated, a nurse's lack of research-related knowledge prevents

them from understanding the methodology and conclusions. The nurses who work the A+BC shift are more disorganized free time, and their life is more challenging to look for new evidence. Jenin in the last few months exposed to repeated attacks from the occupation, and thus more injuries among the citizens, which burden the emergency nurses, and therefore there is not enough time to try or implement new ideas. This fact highlights the considerable need for the support of nurses to develop their English language skills. Although this may be due to nurses' unfamiliarity with research methods and the fact that many physicians and nurses do not believe that conducting research is a nursing responsibility, which has resulted in poor collaboration between physician and nurses to put research findings into practice. The majority of nursing research was carried out by academic staff at nursing faculties, and communication between these researchers and nursing practitioners is limited. Researchers and practitioners could not see one other and have different educational backgrounds, which could explain the communication gap.

Studies from Alexandria show that a variety of characteristics, including a nurse's age, experience, place of residency, and proficiency in English, might influence how they use research. (Ezz, Zahran, and El-Soussi, 2011). In addition, In a survey conducted in Taiwan, it was discovered that participants' inability to communicate effectively due to language difficulties preferred Chinese-language evidence-based resources. While Mahmoud and Abdelrasol (2019) study results show nurses concur that the biggest challenges are publishing's lengthy timeline, the research's language, its illogical conclusions, and its contradictory findings.

Moreover, the previous study's findings that the majority of clinical nurse specialists and nurse educators reported insufficient resources to implement EBP and believed it to be a major barrier to EBP were in agreement with this study's findings. Additionally, the biggest obstacles

to nurses implementing evidence-based practice were their inability to evaluate the quality of research articles and reports, a lack of time at work to read research papers and modify their current practices, and a lack of resources. (Mohsen, Safaan, and Okby, 2016)

Additionally, Mohamed *et al.* (2015) study agreed that one of the difficulties mentioned by the participants was the difficult access to research evidence. Additionally, improving nurses' attitudes toward research and translating the papers into accessible languages are facilitators.

These results are misaligned with the previous study, in which the barriers to implementing EBP by nurses are at the organizational and individual levels. These challenges include a deficit of human resources, a lack of workplace internet connection, and a significant workload (Khammarnia *et al.*, 2015). In addition, another study misaligned with this study result there were time constraints and patients with cognitive or language limitations as hurdles to the implementation of EBP (Sidani *et al.*, 2016). Also, Alqahtani *et al.* (2022b) study's findings contradicted this conclusion, demonstrating that nurses experience organizational-related impediments to a considerable extent and that EBP implementation differs by gender, level of education, and job position

5.2.4 The Obstacles Regarding Organization Limitations

The organization limitation was ranked fourth obstacle in this study, the majority of the studied subjects (47.5%, 47%, and 46.2%, respectively) agreed and strongly agreed with there is no library at the hospital, insufficient time to apply a new idea and lack of authority to change care. There was a significant difference between organizational limitations and nurses' age in favor of nurses less than 35 years. For organizational limitations, there was a significant difference related to working experience in favor of less than 10 years, related to day shifts in favor of (A+BC shifts) and related to city s in favor of Jenin city. Possible causes include limited

economic and human resources. Lack of a library reduces access to full-text nursing journals and books, while cost constraints make it challenging to put study findings into practice, which may require additional tools and materials. Work overload decreases the time needed to read articles or research, and also makes it difficult to nurses to find new evidence practice. Another staff is not supportive of making the workload heavier and reducing the time and effort required to study, conduct, and apply research. Nurses who are less than 35 years may have less experience in the policies of their hospitals and are less able to deal with difficulties that they face on the job, also may younger nurses are more overloaded with many job tasks than older. Older nurses who experience more than 10 years are more accustomed to system of the hospital and with factors associated with implementing EBP, also older nurses may be more aware of the present trends or know that EBP is something that should be done.

This is consistent with a number of other studies that find nurses lack the power to manage their time when they are at work (El-Shaer and Elhanafy, 2012). While Mahmoud and Abdelrasol (2019) study confirm that organizational obstacle is at top of the obstacles to implementing EBP, where the nurses feel that they have less time to read the research, no power to change the care of a patient, and the result of the research is not implacable in their setting. Most of the barriers to research utilization were organizational and setting related as found in a study conducted in Turkey (Uysal, Temel, Ardahan, and Ozkahraman, 2010). Deficit time was considered one of the highest barriers to adopting EBP by nurses as a result of the study conducted by (Majid *et al.*, 2011).

Moreover, Omer (2012) study the research utilization and found that the issues of the organization, such as lack of time, lack of authority, and lack of physician participation, received the highest perceived barrier scores. Also, Mohamed *et al.* (2015) study shows that

cooperative and helpful coworkers, enough personnel, and resources were seen to be the facilitators of implementing EBP as a result of the lack of information resources on EBP to be used in their work locations.

Additionally, Khammarnia *et al.* (2015) study result shows that participants identified obstacles at the organizational level (59%), including the deficit of human resources (78.3%), lack of workplace internet access (72.2%), and intense workload (70%). While Sidani *et al.* (2016) study confirm that the barrier to implementation was time constraints. Moreover, Mahmoud and Abdelrasol (2019) find a statistically significant link between institutional constraints and research accessibility. Also, Alqahtani *et al.* (2022b) study confirms that he highest obstacle was reported in the organizational limitation in Saudi Arabia.

Also, El-Said *et al.* (2013) find that authority and setting are barriers to evidence-based Nursing. While a prior study indicated that finding and managing research evidence required both time and ability (Dalheim *et al.*, 2012). In addition, Jordan *et al.* (2016) confirm that organizational constraints, such as insufficient sources for accessing information, an inability to synthesize the available literature, and resistance to change, are the barrier to implementing EBP. While Li *et al.* (2019) study result aligned with this study result as the biggest obstacles preventing the transition from knowledge and attitudes to implementation were identified as not having enough time and resources..

Most previous studies are in alignment with the result of this study regarding the presence of obstacles, but may they have agreed and disagreed with a ranking of obstacles. This may be due to differences in social and economic factors in the different countries, in addition to the education level of participants, their research activities, and their training. Some related research have identified education level as a key determinant of EBP implementation. In addition, the

type of hospital, demographic data, and work factors are playing role in obstacles to implementing EBP, and this was confirmed in previous studies. Ezz *et al*. (2011) confirm that nurses' age, experience, and level of English language are factors that affected research adapting in a clinical setting.

5.3 Qualitative Part Discussion

In studying the obstacles found among emergency nurses with a high level of obstacles, Palestinian emergency nurses fully agree that most obstacles to applying EBP are deficiencies in resources, support, and reward system. The nurses agreed that a lack of resources and skills is a high obstacle, they mention a lack of non-medical services, knowledge, and training (66.7%), and a lack of research resources (100%). Lack of resources, such as a library, and unavailable research reports decrease the ability to try a new idea, the nurses cannot reach research reports making it difficult to be familiar with EBP. Lack of skills, for example, lack of knowledge and lack of training courses on how to use computers, Microsoft, and the internet hardened the ability to implement EBP. Lack of support, including lack of structured support by (66.7%), limited Nurses' autonomy by (33.3%) and workload by (100%). lack of structured support such as un-cooperation from other non-nursing staff/management teams, shortage of nurses, miscommunication between continuing education and nursing departments, limited Nurses' autonomy such as limited decision-making role, and lack of power to change practice, workload such as time insufficient, work overload, some of the nurses say they sometimes have no chance to get a break, and some of them sometimes they miss pray. Also, the nurses found that theory gap practice and Cultural factors are obstacles by (66.7%), such as some practices cannot be applied in our country. In addition to the lack of a reward system, they say that Lack of reward and motivation systems by (100%), such as no financial help to conduct research and no

encouragement to do research. This result is in line with a previous study, Bahadori, Raadabadi, Ravangard, Mahaki, and promotion (2016) find that insufficient time, insufficient facilities, low nurses' interest, and inappropriate authority to change are barriers to applying EBP. With the absence of a reward system, it will be difficult to look for evidenced practice, and no encouragement or motivation will decrease the desire to move from the comfort zone. The nurses' skills in research, computers, and the internet play important role in applying EBP, nurses agree that their skills are limited to looking for, doing, and evaluating new evidenced practice. This outcome is consistent with a prior study that confirms that the lack of nurses' skills in research use is the main cause to adapt research with practice (Mahmoud and Abdelrasol, 2019). In addition, Farokhzadian, Khajouei, and Ahmadian (2015) find that a large number of nurses do not attend EBP training courses, as a result, 60% of them were not oriented with the concept of EBP. Also, he finds that the low skills of EBP and the the greatest obstacles were to evaluate the quality of the research. Moreover, Gerrish *et al.* (2012) find that the personal knowledge and skills of nurses in EBP, relationship with stakeholders, support from managers, workload, professional networks, and resource availability are factors influencing the nurses' ability to promote EBP. Moreover, Jordan *et al.* (2016) find that unfamiliar with EBP, unavailability of information access, and undesired change were identified and physician was not very supportive as barriers to applying EBP by nurses.

While factors identified by emergency nurses with a low level of obstacle to applying EBP are skills, such as computer, Microsoft, English language and trained skills by (100%), research conduction skills, change practice skills by (66.7%) such as the ability to do research, and to judge the quality of research. While they found that support is a good factor that facilitates the application of EBP, support such as human resources support by (100%), structured support

by (66.7%) for example (BLS, ACLS), and inside-outside support by (33.3%). Another factor included is resource availability such as the availability of research reports, library, and internet access at work (66.7%). Also Changing desire is identified, including the desire to gain experience by (33.3%), the desire to review literature by (100%) and the desire to find time outside of the setting by (66.7%). This finding is in line with a prior study, by Ezz *et al.* (2011) and Farokhzadian *et al.* (2015)find that good nurses' research skills and knowledge, and adequate setting support are effective strategies to face obstacles to adapting research in practice. Furthermore, Gerrish *et al.* (2012) find that organizational support is a key factor in higher the nurses' ability to apply EBP. In addition, Rickbeil and Simones (2012) find that encouragement and motivation, and a reward system make it easier to use EBP in clinical settings.

Emergency nurses are agreeing that there are some steps recommended to apply EBP, and protocols are one of them, (100%) of nurses find that administration and human resources support are important to ensure providing evidence base practice, for example, imposing protocols and policies to ensure providing evidence base practice and accreditation of quality, increase the team and easy access to data. While structures support identified by (66.7%) such as free access to full-text articles and updates, library in hospitals, and make part of the continuous education department role is providing research courses. Another recommendation is commitment, including Mentoring by (100%) such as mentoring and observing commitment and compliance with evidence-based care protocols and policies, and collaborating by (33.3%) such as cooperation with research specialists in the agency or near universities and research training sessions. Moreover, establishing a fund system can improve the application of EBP, funding identified by (83.3%) of nurses, for example, make a fund system for important research that can be done in that hospitals, and encouragement identified by (50%) of nurses, for example,

encourage to take master degrees by full or partial funds from the hospitals encourage to do research by give study day for the nurse. In addition, reward systems identified by (83.3%) such as making reward systems for important research, and financial reward for a nurse who conducts research motivate staff to participate in research. Fund systems for important research that can be done in that hospitals and the presence of reward systems for important research are factors that will facilitate applying EBP in emergency departments. While mentoring and observation ensure commitment and compliance with evidence-based care protocols and policies. This result is consistent with a prior study, El-Shaer and Elhanafy (2012) find that training and workshops increase the nurses' awareness of doing research and apply it in practice, also appropriate support such as libraries, decrease workload, increase read time closing factor to implement evidence-based practice. Also, Farokhzadian *et al.* (2015) find that mentoring by an experienced nurse in EBP is an important supporting factor for applying EBP in addition to the demand for training. Moreover, Gerrish *et al.* (2007) find that nurses' knowledge and skills, nurses' responsibility role, relationship with stakeholders, and organizational support are factors affecting the promotion of EBP among advanced nurse practitioners. In addition, Rickbeil and Simones (2012) identified that guide time, support from managers, and support from the institution are facilitator factors in developing and implementing EBP. Moreover, Jordan *et al.* (2016) discover that nurse managers need to be aware of the organizational and individual elements that could make implementing EBP easier.

5.4 Conclusion

Two hundred thirty-six emergency nurses from different types of hospitals participate in this study. Participants identified obstacles in the application of EBP by emergency nurses in Palestinian Hospitals. Type of hospital, demographic data (age and gender), and work factor (working experience, job position, day shift, city) are in relation with obstacles in applying EBP in emergency departments of Palestinian hospitals.

5.5 Study Implication

As EBP is an important and vital process in nursing, nurses should improve their attitude and knowledge regarding EBP to provide high-quality care. Besides, stakeholders and policymakers should create a suitable and less crowded work environment and opportunity to improve nurses' research capability. The following points can be listed under the three categories of the nursing team, nursing education, and hospital management that comprise implications:

1- Develop offices in hospitals to train, develop and teach nurses to do and evaluate research and then implement it in clinical practices. Some hospitals had continuous education offices, which can provide consultation and support regarding research methods and statistical procedures for nurses.

2- Administration and human resources support nurses to apply new ideas.

3- Enhance the work environment by decreasing workload and increasing the time needed to apply new ideas. In addition, supply hospitals with libraries to provide internet access and free access to international journals to read full-text articles.

4- Create a reward system for important research and motivate nurses to do research.

5- Participate between hospitals and universities to do periodic research and workshops.

6- Twining emergency departments locally and globally.

7- Participate with Emergency Nursing Association (ENA) as it provides new ideas and practices evidence-based.

8- Create protocols and policies to guide health caregivers for evidence-based practice.

9- Reduce the gap between nurses and physicians and teach them the importance of their cooperation in implementing EBP.

10- If we need to make EBP a norm, universities have to make EBP principles part of nursing programs in the pre-graduate stage.

5.6 Strengths and Limitations of This Study

Strengths:

- This is one of few studies to assess obstacles to implementing EBP among emergency nurses in Palestine.
- This is one of few studies assessing obstacles to applying EBP among emergency nurses in Palestine using a mixed method study design.
- The mixed method approach depends on the potential strengths of both quantitative and qualitative which allow for finding new factors or ideas to answer the research questions.
- The high response rate from emergency nurses was (83%).

However, limitations:

- Limited time for a response from nurses in some participating hospitals, the cause can relate to a lack of time for the nurses to answer the questionnaire, or nurses' low desire to participate, and the occupation may be a reason, as it took 4 weeks to take samples and some of the questionnaires was distributed twice.
- The self-reported questionnaire may provide information biases, for example, individual interest, lack of time, and the construction of the questionnaire.

Recommendation for Future Research:

The following suggestions are made in basis of the study's findings:

- Future studies should employ more impartial data collection techniques, like direct observation of working conditions.
- A similar study can be conducted on a sample of Nurses, Physicians, Stakeholders and other health care workers related to emergency care.
- While the cross-sectional design provides a snapshot that isn't guaranteed to be representative, a longitudinal study could be conducted to determine the extent of EBP obstacles.
- Future studies should include nursing education programs in Palestinian universities to evaluate their readiness to teach nursing students basics of EBP.
- Further studies should include Palestinian Researchers as they can evaluate the possibility of implementing of research int clinical aspect and the obstacles that may faces.
- By conducting interventional investigations and evaluating the outcomes, a follow-up study might be conducted to determine the efficacy of this study.
- Emergency nurses who work in Palestine and other nations might be used in international research as comparison subjects.
- studies in the future that look at how EBP implementation affects the standard of patient care in emergency rooms.

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Appendix A

Quantitative Questionnaire

Demographic characteristics:

Gender: M or F

Age(years):

Marital status:

Work factors:

Working experience (no. of years):

Working experience in emergency department:

Academic level: Practical Bachelor's High Diploma Master PhD. Other

Faculty position (lecturer, clinical training): Yes No

Job position: Metron Supervisor Head Nurse Assistance HN Senior Junior

Day shift: A B C BC

Type of hospital:

City:

Figure 2: The Quantitative Questionnaire.

Obstacles regarding Organization Limitations:

No.	Obstacle	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Inadequate facilities					
2	Lack of authority to change care					
3	There is no library at the hospital					
4	Other staff are not supportive					
5	Results are not universal to own setting					
6	Lack of time to read research					
7	Administration hinder achievement					
8	Insufficient time to apply a new idea					
9	Physicians are not cooperative					

Obstacles regarding research quality:

NO.	Obstacle	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Publishing takes a long time					
2	The language of published researcher					
3	Conclusions are not reasonable					
4	Literature has conflicting results					
5	Research has not been replicated					
6	Methodological inadequacies					
7	Research information is vast					

Figure 2: the Quantitative Questionnaire.

Obstacles in employing EBP by emergency nurses in their hospital:

Obstacles regarding individual characteristics:

No.	Obstacle	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Unwilling to try new ideas					
2	Low benefits from changing practice					
3	Research is not valuable for practice					
4	Inability to evaluate research quality					
5	Little benefit for self					
6	There is no need to change practice					
7	Lack of awareness about the research					
8	No contact with colleagues					
9	Distrust from the research results					

Obstacles regarding research accessibility:

NO.	Obstacle	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Implication for practice is vague					
2	Research articles are not clear					
3	Researches are irrelevant to practice					
4	Statistical analyses are unclear					
5	Research articles are not available					

Figure 2: the Quantitative Questionnaire.

Appendix B

Qualitative Questionnaire

Qualitative questionnaire:

1- **From your point of view, what is the most common obstacle preventing applying EBP in the emergency department?**

2- **What is the Obstacle to implementing EBP regarding the organization aspect, induvial aspect, and research aspect?**

3- **What are the factors that you think would facilitate you in providing evidence-based care?**

Appendix C

IRB form

Arab American University- Palestine
Deanship of Scientific Research
IRB committee
Tel: 04-241-6888, ext 1196
E-mail: irb.aaup@aaup.edu

الجامعة العربية الامريكية- فلسطين
عمادة البحث العلمي
لجنة أخلاقيات البحث العلمي
تلفون: 1196 ext 04-241-6888
البريد الالكتروني: irb.aaup@aaup.edu

IRB Approval Letter

Study Title: Obstacles in application of evidence-based practice by emergency nurses in Palestinian hospitals: a mixed-method approach

Submitted by: Motaz Ahmed Mahmoud Mousa

Date received: 10th September 2022

Date reviewed: 26th September 2022

Date approved: 05th October 2022

Your Study titled **"Obstacles in employing evidence-based practice by emergency nurses in Palestinian Hospitals: A Mixed-Method Approach"** with archived number 2022/C/14/N was reviewed by the Arab American University IRB committee and was approved on 5th October 2022.

Reham Khalaf-Nazzal, MD, PhD
IRB committee chairman
Arab American University of Palestine

IRB
ARAB AMERICAN UNIVERSITY

General Conditions:
1. Valid for 6 months from the date of approval.
2. It is important to inform the committee with any modification of the approved study protocol.
3. The committee appreciates a copy of the research when accomplished.

لجنة أخلاقيات البحث العلمي في الجامعة العربية الامريكية

IRB at Arab American University

Figure 3: The IRB approval letter.

Appendix D

Informed Consent

I, Emergency nurse *(Name of Participant / optional)* hereby agree to take part in the clinical research (clinical study/questionnaire study/drug trial) specified below:

Title of Study: Obstacles in employing evidence-based practice by emergency nurses in Palestinian Hospitals: A Mixed-Method Approach. Fulfillment of master's degree, in the emergency nursing program, at AAUP.

(Name of program) Emergency Nursing

The nature and purpose of which has been explained to me by researcher Motaz Mousa, and interpreted by the researcher to the best of his/her ability in English.

I have been told about the nature of the research in terms of methodology, possible adverse effects, and complications (as per the Participant Information Sheet).

After knowing and understanding all the possible advantages and disadvantages of this research, I voluntarily consent of my own free will to participate in the clinical research specified above.

I understand that I can withdraw from this research at any time without assigning any reason whatsoever.

-I understand the English language of the informed consent, participant information sheet, and questionnaire. (Yes/ No).

-If No, the …… translated and help me to understand the informed consent, participant

information sheet and the questionnaire.

(Signature: …….……)

(Translator)

Date: ……...……...….

Signature: .……

(Participa

IN THE PRESENCE OF

Name: ……...……

Designation: ……..……..…… **Signature:** ……..……

(*Witness for Signature of Participant)*

I confirm that I have explained to the patient the nature and purpose of the above-mentioned research.

Date: ……. **Signature:** ……..……

(Attending investigator)

Appendix E

Facilitating Letter

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

7/7/2022

الى من يهمه الأمر

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالب **معتز احمد محمود موسى** والذي يحمل الرقم الجامعي202012675هو طالب ماجستير في برنامج تمريض الطوارئ ويعمل على رسالة الماجستير الخاصة به بعنوان:

"العوامل التي تحد من استخدام الأدلة البحثية في تطبيق الممارسات العملية المعتمدة على الأدلة العلمية في الممارسة السريرية لدى الممرضين في أقسام الطوارئ في المستشفيات الفلسطينية في الضفة الغربية نهج الطريقة المختلطة تحت اشراف الدكتور ساجد غوادرة" نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته للحصول على المعلومات اللازمة للدراسة، علماً أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبها.

وتفضلوا بقبول فائق الاحترام

عميد كلية الدراسات العليا

د. نوار قطب

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

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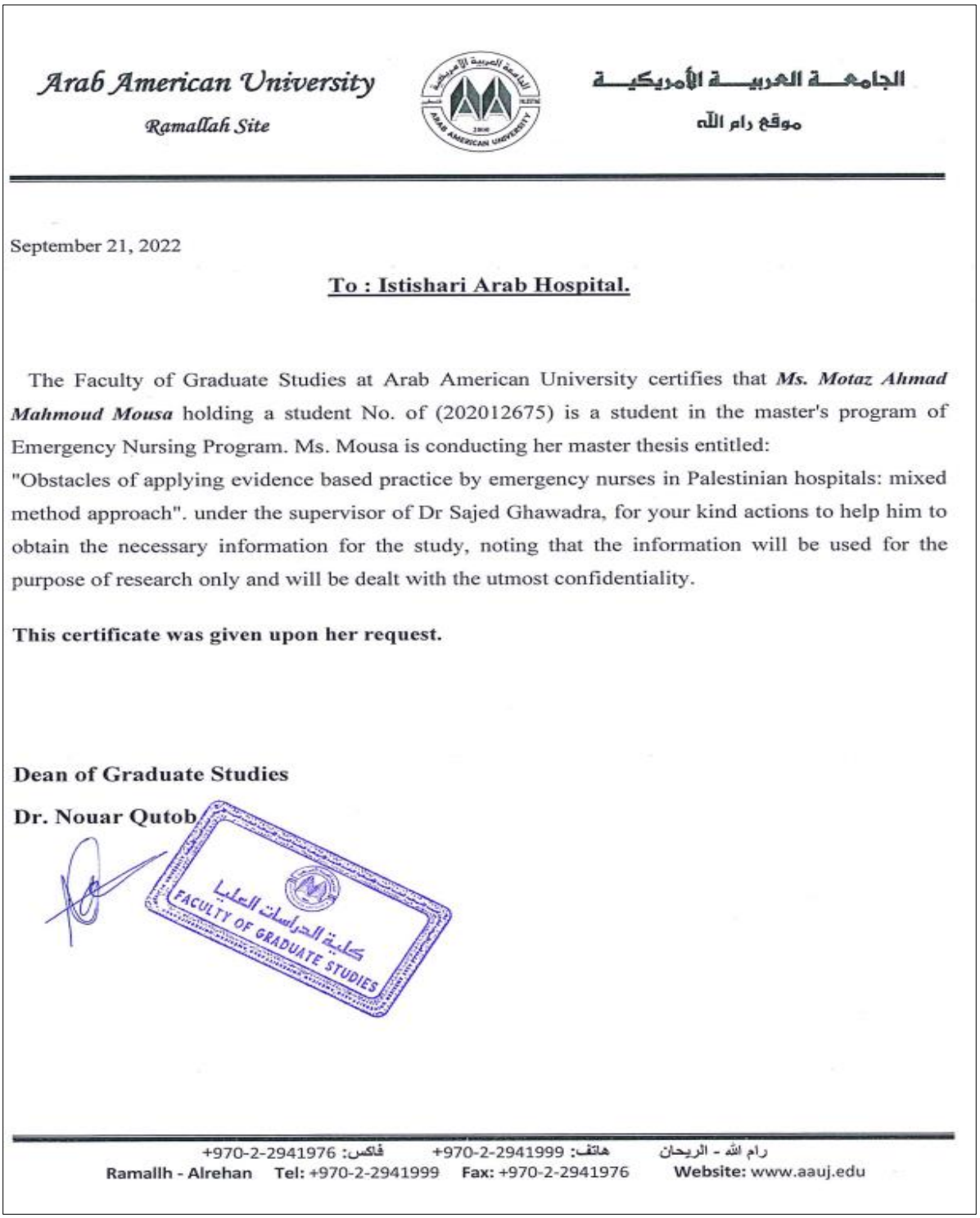
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

Figure 4: Form of enabling the research letter.

Appendix F

Facilitating Letter for Istishari Hospital



Arab American University
Ramallah Site

الجامعة العربية الأمريكية
موقع رام الله

September 21, 2022

To : Istishari Arab Hospital.

The Faculty of Graduate Studies at Arab American University certifies that ***Ms. Motaz Ahmad Mahmoud Mousa*** holding a student No. of (202012675) is a student in the master's program of Emergency Nursing Program. Ms. Mousa is conducting her master thesis entitled:
"Obstacles of applying evidence based practice by emergency nurses in Palestinian hospitals: mixed method approach". under the supervisor of Dr Sajed Ghawadra, for your kind actions to help him to obtain the necessary information for the study, noting that the information will be used for the purpose of research only and will be dealt with the utmost confidentiality.

This certificate was given upon her request.

Dean of Graduate Studies

Dr. Nouar Qutob

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

رام الله - الريحان هاتف: +970-2-2941999 فاكس: +970-2-2941976
Ramallh - Alrehan Tel: +970-2-2941999 Fax: +970-2-2941976 Website: www.aauj.edu

Figure 5: Master program facilitating letter to the Istishari Arab Hospital.

Appendix G

Facilitating Letter for Makassed Hospital

Arab American University
Ramallah Site

الجامعة العربية الأمريكية
موقع رام الله

September 21, 2022

To: Makassed Islamic Charitable Hospital .

The Faculty of Graduate Studies at Arab American University certifies that ***Ms. Motaz Ahmad Mahmoud Mousa*** holding a student No. of (202012675) is a student in the master's program of Emergency Nursing Program. Ms. Mousa is conducting her master thesis entitled:
"Obstacles of applying evidence based practice by emergency nurses in Palestinian hospitals: mixed method approach". under the supervisor of Dr Sajed Ghawadra, for your kind actions to help him to obtain the necessary information for the study, noting that the information will be used for the purpose of research only and will be dealt with the utmost confidentiality.

This certificate was given upon her request.

Dean of Graduate Studies

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Ramallh - Alrehan Tel: +970-2-2941999 Fax: +970-2-2941976 Website: www.aauj.edu

Figure 6: Master program facilitating letter to Makassed Islamic Charitable Hospital.

Appendix H

Facilitating Letters for Governmental Hospitals

Ministry of Health
General Directorate of Education in
Health and Scientific Research

وزارة الصحة
الإدارة العامة للتعليم الصحي
والبحث العلمي

Ref.: ....
Date:..................

الرقم: ...صحة/ ١٨١٣ / ٢٠٢٢
التاريخ: ...٢٧/ ٩/ ٢٠٢٢

عطوفة الوكيل المساعد لمجمع فلسطين الطبي المحترم،،،
الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،
تحية واحترام...

الموضـــوع: تسهيل مهمة بحث

يرجى التكرم بتسهيل مهمة الطالب: **معتز احمد محمود موسى – ماجستير تمريض طوارئ– الجامعة العربية الامريكية**، لعمل بحث بعنوان:

" العوامل التي تحد من استخدام الادلة البحثية في تطبيق الممارسات العملية المعتمدة على الادلة العلمية في الممارسه السريرية لدى الممرضين في أقسام الطوارئ في المستشفيات الفلسطينية في الضفة الغربية"

حيث سيقوم الباحث بجمع معلومات من خلال تعبئة استبانة الدراسة من ممرضي اقسام الطوارئ، تحت اشراف د. ساجد غوادرة، وذلك في:

- **م. جنين – م.الوطني – م. رفيديا – م. طولكرم – م. يطا – م. المحتسب**
- **م. أريحا – م. بيت جالا – م. عاليه**
- **مجمع فلسطين الطبي**

على ان يتم الالتزام بالمحافظة على اخلاقيات البحث العلمي وسرية المعلومات.
على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة بخصوص جائحة كورونا، وتحت طائلة المسؤولية. وابراز شهادة التطعيم قبل دخول مرافق وزارة الصحة.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة وزارة الصحة.

مع الاحترام...

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: عميد كلية الدراسات العليا المحترم/ الجامعة العربية الامريكية

Telfax.:09-2333901 scientificresearch.dep@gmail.com تلفاكس: 09-2333901

Figure 7: Form of facilitating letter for Palestinian M.O.H.

ملخص الدراسة

معوقات تطبيق الممارسة المسندة بالأدلة بين ممرضي الطوارئ في المستشفيات الفلسطينية: نهج مختلط

الخلفية: أكتسبت الممارسة القائمة على الأدلة أهتماما كبيرا من الباحثين والممارسين وصناع القرار في مجال الرعاية الصحية، حيث أصبحت قادرة على التأثير على معرفة وممارسة مهنيي التمريض. الممارسة القائمة على الادلة تعرف بأنها التطبيق المنهجي لأحدث الأبحاث القادرة على حل مشكلة سريرية ما مع الأخذ بعين الأعتبار الخبرة السريرية للممارس وقيم وتفضيلات المريض، وذلك باعتبار التمريض في طليعة تقديم الرعاية الصحية المباشرة للمرضى فأنهم الاذرع المباشرة لتطبيق هذه الممارسة .

الهدف: هدفت هذه الدراسة الى تقييم ادراك وتحديد العقبات في تطبيق الممارسة المبنية على الادلة بين ممرضي الطوارىء في فلسطين.

المنهجية: كان تصميم هذه الدراسة مكون من جزئين. الجزء الأول عبارة عن مسح مقطعي كمي حيث تم جمع البيانات من خلال استخدام الاستبيان الذاتي، حيث تكونت العينة من 236 ممرض وممرضة عملوا في في أقسام الطوارىء في مستشفيات الضفة الغربية والقدس(حكومية، غير حكومية، خيرية .تعليمية، وخاصة) وتم استخدام اداة مقياس لعوائق الممارسة القائمة على الادلة (EBP scale).

بينما الجزء الثاني من التصميم كان عبارة عن مسح نوعي حيث تم اختيار 6 ممرضين وممرضات (بمستوى عال ومستوى منخفض من العوائق) وتم اجراء مقابلات معهم حول العقبات التي تعترض تطبيق الممارسة القائمة على الادلة في اقسام الطوارىء.

النتائج: أظهرت الدراسة أن مستوى المعيقات كان متوسطًا (31.98%)، وكانت أكبر العوائق تتعلق بإمكانية الوصول الى الأبحاث (42.5%) تليها المعيقات المتعلقة بالخصائص الفردية (36.6%) والمعيقات المتعلقة بجودة البحث (27%) والمعيقات المتعلقة بقيود الهيكل التنظيمي للمؤسسة (22.1%.).

أكدت الدراسة وجود علاقة بين نوع المستشفى والمعيقات اتجاه تطبيق الممارسة القائمة على الادلة بنسبة (52.6%)، مع البيانات الديموغرافية (54.95%)، ومع عوامل العمل (57.61%). أكد ممرض الطوارىء أن العوائق التي تمنع تطبيق الممارسة المبنية على الأدلة هي نقص الموارد والمهارات ونقص نظام المكافات وعدم التقبل من الناحية الاجتماعية، بينما وجد ممرضين آخرين أن دعم المهارات وتوافر الموارد والرغبة في التغيير هي عوامل تساعد في تطبيق الممارسة القائمة على الادلة في اقسام الطوارىء .

الاستنتاج: كشفت هذة الدراسة التي اجريت على 15 مستشفى (حكومي، غير حكومي، تعليمي، وأهلي) وعلى 236 ممرض وممرضة يعملون في اقسام الطوارىء ان العوائق في تطبيق الممارسة المبنية على الادلة هي معتدلة، وكانت للعقبات علاقة قوية بنوع المستشفى وعوامل متعلقة بالعمل والبيانات الديموغرافية. حيث تشير النتائج الى ضرورة تحسين تعليم ممرضي وممرضات الطوارىء والتدريب في مجال البحث العلمي والدعم الاداري في اقسام الطوارىء في مستشفيات فلسطين.