

Professionalism and Evidence-Based Mental Health Care: The Roadblocks and New Ways

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Received: June 8, 2019 Accepted: August 18, 2019 Online Published: September 9, 2019

doi:10.5539/gjhs.v11n11p33

URL: <https://doi.org/10.5539/gjhs.v11n11p33>

Abstract

Background: Knowledge acquisition and knowledge update through research remains an important factor to ensure quality and cost-effective care, which is the hallmark of professionalism and evidence-based care. Knowledge is vital in nursing due to the centrality of nursing to health care. More importantly is mental health because mental health is primary to general health, just as nursing is the heartbeat of health care. This makes the issue of mental health care, a necessary service that cannot be overemphasised. The World Health Organisation declares mental health as the essential form of health that needs to be acquired without which all others form of health may not be achieved. Further to this, the global emphasis on care and recovery of lost mental health is on the increase. This, therefore, makes evidence-based mental health care, a necessity and not a choice.

Aim: To discuss evidence-based nursing, the benefits, challenges and opportunities.

Methodology: This article adopts the traditional review method to assess the concept of discussion on mental health care, evidence-based practice and professionalism.

Findings: The term evidence-based care is gaining recognition in a variety of professions and organisations. The use of evidence in nursing care is influenced by policies, knowledge of time management, availability of human resources, practice autonomy and attitude of professionals. However, the use of evidence-based practice is not debatable.

Conclusion: The use of scientific evidence for validating nursing care is germane. This article exposed the barriers to evidence-based mental health nursing and the way forward.

Keywords: professionalism, health promotion, mental health

1. Introduction

Evidence-based practice is the pillar of professionalism. Evidence-based practice and research utilisation has achieved a gold standard for effective care and best patients' outcome (Dang & Dearholt, 2017). This entails using scientific evidence to support all the actions of a professional (Moore, 2017). The knowledge base underpins professional action, but professionalism is beyond knowledge acquisition (Moore, 2017). Professionalism requires continual knowledge update through research utilisation (Doğançay-Aktuna, & Hardman, 2018). Though the process of knowledge acquisition is the primary stage of professionalism. However, before an individual can be regarded as a professional, there are regulated knowledge pathways through structured institution under which the person must study (Doğançay-Aktuna & Hardman, 2018; Moore, 2017). Learning and registration make an individual become a registered professional, but beyond registration, an individual requires knowledge update through engagement in research enquiry and utilising of findings from research (Moore, 2017). This, knowledge update, is what is required to be a seasoned and evidenced-based professional (Moore, 2017). When a professional merge research evidence with practice, it is regarded as evidence-based practice (Rousseau & Gunia, 2016).

1.1 The Objectives of This Study

- 1) Identify trends of discussion on the evidence base, professionalism and mental health

- 2) Summarise main findings on professionalism and evidence-based practice.
- 3) Identify and discuss way forward on professionalism and evidence-based practice.

2. Methods

2.1 Research Design

This study adopts the generic approach of articles search which is mainly through the synthesis of information from peer reviewed scholarly documents

2.2 Ethical Approval

Review does not require ethical approval. Thus, this study was not presented for ethical screening.

3. Findings

3.1 Evidence-Based Practice

The word "Evidence-based" which was seen as a common term in the health fields is now gaining recognition among professionals in all walks of life. Research conducted on evidence-based socioeconomic sustainability among farmers shows its impact on a generation of credible results (Newton et al., 2015). Evidence-based teaching practice was also seen to have been adopted in engineering education research (Sheppard et al., 2018). In organisations, it was advocated for, as evidenced-based management with emphasis that it is either adopted for firms to prosper, change or else die (Pfeffer and Sutton, 2006). The Evidenced-Based Practice also has different descriptions of health care. In medical care, it is regarded as evidence-based medicine and can be described as merging of research evidence and practice for best clinical outcomes (Sadeghi-Bazargani et al., 2014). Like most health-related professions, nursing is shifting from the traditional intuition-based paradigm to evidence-based nursing practice (Mashiach-Eizenberg, 2011).

In nursing practice, scientific evidence from research shows that nurses, who habitually involves in evidenced-based nursing practice (EBNP) by merging research evidence with practice have a high sense of professionalism; professional autonomy and identity (Gerrish et al., 2011; Mashiach-Eizenberg, 2011), the structure of nursing profession mandates research evidence for scientific practice (Meehan, Timmins, & Burke, 2018) but, evidenced-based care is still poorly embraced in many aspects of nursing (Mackey & Bassendowski, 2017). Though nurses exhibit theoretical knowledge of evidenced-based care, there is a conspicuous disconnection between the development and utilisation of theory in the nursing profession (Mackey & Bassendowski, 2017). According to Gerrish et al. (2011), the benefits of implementation of evidence-based practice encompass active patients care, health systems development and improved cost-effectiveness of clinical care. Of particular relevance to clinical care development is the mental health nursing which is an arm of the nursing profession with emergent priority for evidenced-based practice (Alzayyat, 2014). Nurse practitioners in the field of mental health have a peculiar call for evidence-based practice due to the centrality of mental health to general health (Hercelinskyj et al., 2014). However, mental health practice is affected by a wide range of bias that has high potential to bias nurse clinician's judgments and the use of scientific evidence (Alzayyat, 2014). Potential sources of bias include Contradictions between global recommendation and practice specification, Ethical dilemma, Organisational beaurecracies, Human resource limitation (Gerrish et al., 2011; Sadeghi-Bazargani et al., 2014; Mackey & Bassendowski, 2017).

3.2 Evidenced Based Care and Policy Influence

Policies are documents that guide practice and organisational leadership (Graham et al., 2018). Besides guidance of practice, policies can also be regarded as documents that enforce evidence-based practice (Zhou et al., 2018). Policies present and projects political decisions, and serve as guidance for litigation in case of violation (Zhou et al., 2018). Health policies help to guide the discharge of health services and rule that guides each action (Graham et al., 2018). Specifically, in mental health, policies guides in the discharge of duties with an ethical dilemma and regulate mental health care strategy (Graham et al., 2018). However, not all countries have mental health policies (WHO, 2013). There is a lack of mental health legislation in the majority of low-income countries (64%) which constituted a major barrier to effective mental health care (WHO, 2013). Mental health policy is a major determinant of the mode of practice; lack of it has a high potential to negatively impact on mental health care (WHO, 2013). This lack can result in the diversity of care methods, and confusion of professionals (Russel et al., 2018). Where there is no policy, the professional get cut between idea and ideal (Russel et al., 2018). Though the WHO recommends best practice standards for mental health care and encourage each country to have a mental health policy that covers this (WHO, 2013), yet some countries have no standard mental health policy that supports evidence-based practice (Gupta et al., 2016). Many countries are still guided by old policy (WHO, 2013) whereas,

old or non-existence of policy leads to confusion and burn out (Westbrook, 2011). It also tends to confuse the decision, where a worker is cut between deciding if the recommendation of the old policy should guide practice or best practice in research (Russel et al., 2018). Sometimes, the lack of a regulated standard makes the direction of the flow of care, a nurse managers' responsibility which may sometimes be based on experience alone (Letlape et al., 2014). Letlape et al. (2014) also note the need for updating mental health nurses knowledge on new findings from current researches, emphasising the recognition of ward managers' input in training needs. This was explained to be because the success of any training programme may depend on the opinion of nurse leaders before and after training (Letlape et al., 2014). The significance of this participative relationship between researcher and nurse leaders is seen in a study conducted in Turkey by Coban et al. (2015) during which management training led to an evidence-based nursing approach of violence management. This positive result was in contradiction to the initial subjective bias expressed by Coban et al. (2015) that nurses will be resistance towards change. The likelihood of organisational bureaucracy is more common in mental health facilities because many aspects of mental health have a non-definite directive of operation. Alhasnawi et al. (2012) and O'Donoghue et al. (2010) acknowledged the issue of ethical dilemma in almost all aspects of care in psychiatric/mental health care because psychiatry care has poor defining regarding lack of policy. Also, poorly defined policies affects the discharge of professional duties (Alhasnawi et al., 2012). This gives a high tendency of the directive of care to flow from leaders to subordinate. In a situation where the leader is not well informed about alternative strategies of the scientific decisions, misdirection ensues, and obsolete practice prevails (Alhasnawi et al., 2012).

3.3 Knowledge of Time and Evidenced Based Care

In our sporadically growing dispensation, there is an ever-growing commitment within limited space and ever-increasing competition that requires practical knowledge of time management (Zampetakis et al., 2010). Scientific creativity requires novel production which starts from enquiry to implementation (Brownson, et al., 2018). Time, however, represents an identity that needs to be controlled by workable schedule (Tierney and Farmer, 2011). Allocating time for knowledge generation and utilisation of already generated knowledge is significant for the advancement of the nursing profession (Nkrumah et al., 2018). Researchers have recognised the lack of time as the most significant barrier to evidence-based practices (EBP) among nurses (Schaefer, & Welton, 2018).

This was defined regarding the lack of time to look for the literature and read (Zampetakis et al., 2010). Insufficient time is also expressed in terms of reflective thinking on the article (mental time) and culture of "busyness" (Breimaier et al., 2011; Dalheim et al., 2012; Stokke et al., 2014). Nurses feel the time invested in the search for articles and reading could be invested in performing another numerous task that has to be accomplished within a limited time (Stokke et al., 2014). However, research utilisation is the only thing nurses can adapt to achieve effective time management because it informs practices and justifies rationales (Simpfendorfer et al., 2011). In a recent study conducted on causes of medication error, knowledge deficit is one of the topmost points, and some of the errors have irreversible consequences (Pham et al., 2011). The time it will take to read literature will definitely be lesser than the time and effort that will be invested into rectifying errors arising from limited knowledge (Pham et al., 2011). Snaith et al., (2018) also asserts that while it is essential for all nurses to create time to search for best practices in their job domain, settings with advanced nurse practice have effective ways of disseminating highest evidence to other groups of nurse professionals. In research conducted by Dalheim et al. (2012), it was discovered that skills in evidence-based practice were statistically significantly associated with the sources of information used. Nurses who reported higher skills in evidence-based practice used research papers more often than nurses with lower skills (Dalheim et al., 2012). It was also discovered that nurses sometimes base their practice on experience or information from colleagues (Dalheim et al., 2012), such sources of knowledge acquisition are neither scientifically acceptable nor evidenced-based (Dalheim et al., 2012). However, Knowledge is defined as information that has been synthesised so that relationships are identified and formalised (Matney et al., 2011). According to Black (2019), the justifying evidence given by anyone claiming knowledge must not be based both on a personal justification alone (validated personal enquiry), but also an epistemic justification (evidence-based assertion) because validated knowledge is usually peer-reviewed, scholarly and defensible. Timeliness also affects research output in mental health, therefore, the availability of timely evidence for evidence-based practice is pertinent in mental health (Gray, 2018).

3.4 Evidenced Based Care and Human Resources

Mental health is the least desired speciality for a prospective professional in nursing (Happell and Gaskin, 2013), The speciality has some peculiarities in terms of structural requirement, personnel training, research and policy (Browne et al., 2013; Stevens et al., 2013). In the research conducted by Happell and Gough (2007) to explore the

causes of the shortage of mental health nurses, the nursing students reported mental health to be the least desired speciality, and the same result was obtained in a review of the same subject from five countries by the same author (Happell and Gaskin, 2013). In another research study by Stevens et al. (2013), lack of research on pertinent issues that borders prospective professionals and issues that increase mental health nurses vulnerability to job hazard was the primary cause of reduced human resource capacity in mental health. This has caused an indelible mark of hatred for the speciality in the heart of young nurses who chose nursing as a desired professionals but at the verge of specializing (Gates et al., 2011; Hercelinskyj et al., 2014). In a more recent study conducted by Hoeve, et al., (2017) on new nurses retainership, it was reported that the lack of scientific evidence for practice and human resources limitation are interwoven. According to Hoeve et al., (2017), the prospective professionals find service different from expectation while in training and thus the professional leave nursing profession, whereas, for improved clinical care, nurses have to remain in practice for clinical-based research and evidence-based practice primarily in mental health (Barrett, & Robinson, 2018). Likewise, Penman et al., (2018), declares stand'ard practice as a practice that utilises scientific evidence as a step to the resolution to the limitation of the resources in mental health.

3.5 Practice Autonomy and Evidence-Based Care

Practice autonomy is critical for care outcomes and job satisfaction for nurses (Papathanassoglou et al., 2012). Job dissatisfaction and intention to quit job has been confirmed to be a product of restricted practice for nurses and lack of autonomy (van der Doef et al., 2012). Researchers have discovered that lack of autonomy and authority to change practice, role ambiguity and frustration arising from the contradiction between policy has discouraged nurses from developing a research mind (Hercelinskyj et al., 2014; Stokke et al., 2014). However, "the peculiarity of professionalism comes from the ability to make autonomous decisions based on comprehensive knowledge, clinical expertise, and evidence-based findings" (Papathanassoglou et al., 2012). In traditionally driven systems of care, nurses' contributions are either unsanctioned or ignored (Papathanassoglou et al., 2012). This infers that nurses can only base their assertion on evidence generated from research before professional credibility can be achieved. In another research study by Santos et al., (2013) three models of nursing governance were identified (shared governance, clinical governance, and public governance) in which they postulate that nurses can only achieve public governance through knowledge generation and dissemination, shared governance through a research-based communication network among other professionals and clinical governance through evidence-based practice that leads to improvement of patients care (Santos et al., 2013).

3.6 Searching and Researching the Evidence

The movement of research, in published articles for clinical practice, has become a practising emergency (Solomons & Spross, 2011). Solomon and Spross (2011) stressed that the length of education and experience does not equate or serve as an alternative to the use of scientific evidence for practice. Further stated, experience may allow repeated practise in the same old manner but does not guarantee best practice (Oyelade et al., 2017). Dalheim et al., (2012) declared lack of research competence as a significant barrier to the use of evidence-based practise while Breimaier et al., (2011) suggest increasing effort of nurses research competence as an avenue of stimulating evidence-based practice. Kearney and Inane (2015) further suggest criteria based motivation like the use of publications, using research output, as one of the criteria for promotion will encourage the use of scientific evidence for practice. Supportively, Tacia et al., (2015) report that individuals may not adopt the need for change if it not attached to a motivating factor. Gardner et al., (2016) believe in the introduction of a journal club as a strategy of building research competence among nurses. However, Improvement of nursing training is a significant need for the articulation of nursing knowledge to be able to meet up with other class of professionals in the medical field. In researches conducted by Fisher (2014), McEwen et al. (2013) and Stokowski (2011), it was inferred that neither Diploma nor Bachelor of Nursing Science Programs (BNSP) sufficiently prepares nursing students to be expert practitioners in research utilization for evidence-based practice (Stokowski, 2011; McEwen et al., 2013). However, BNSP gives students a foundation for advanced learning and necessary qualification required for training in advanced practice (Fisher, 2014). Given this, it should be ensured that nurse practitioners have advanced skills and knowledge before they are allowed to practise without which integration of research and EBP can be difficult. according to Pulcini et al. (2010), advanced nurse practitioners are individuals with who have advanced competence in theory and practice of their speciality of choice through training, research and consistent competence in practice. Gerrish et al. (2011) report advance practise nurses are nurses that are advanced in the skill of research and evidence-based practice with an increase in knowledge and additional educational attainment. Consequently, Park and Jones (2010), Majid et al. (2011) and Mashiach-Eisenberg (2011) report that no matter the level of nurses' knowledge and orientation, knowledge update should be encouraged. The orientation of new nurses, in-service training and education for the old ones with an emphasis on knowledge generation and research

utilisation is also essential for professional update among nurses (Majid et al., 2011; Mashiach-Eizenberg, 2011). The goal of an orientation program is to prepare new staff nurses to be confident and to provide competent and safe patient care (Park & Jones, 2010). According to Snowden et al. (2012), knowledge generation and research utilisation are the only bases for scientific practice upon which nurses can make a recommendation in the area of care and justify the basis for their actions. While Hercelinskyj et al. (2014), encourage mental health nurses not only to embrace evidence-based practice but also document their work and make proper reference to the nursing knowledge base, where the work was generated. This has high potential to improve practice and professional identity reported by Snowden et al., (2012). Furthermore, Hercelinskyj et al., (2014) state that mental health nurses' need to articulate its own professional identity and avoid leaving the discipline vulnerable to definitions imposed by other health professionals.

3.7 Professionals Attitude Towards Available Evidence

A positive attitude of nurses towards using the available evidence in research for practice of patients' care has been declared necessary for best patient outcomes (Stokke et al., 2014). The acquired knowledge in training schools is declared insufficient for continuous practice in the ever-growing and changing world (Dalheim et al., 2012). Dalheim et al., (2012) further stress that personal determination to back up practice with scientific evidence is required for evidence-based practice. Nevertheless, nurses find it easier to rely on the experience of counterparts and have a preference for acquisition of knowledge of new trends of care from secondary sources like colleagues or other professionals rather than personal search for evidence (Mashiach-Eizenberg, 2011; Stokke et al., 2014). The first step at the resolution of the gap between research evidence and practice requires an exploration of approaches to achieving attitudinal change (Blackman & Rivera, 2010). Emphasis on the advantages of evidence-based practice may not be sufficient if the nurse practitioners are not motivated towards a change of attitude towards research utilisation (Blackman & Rivera, 2010). Though, Friesen-Storms et al., (2015) findings revealed that nurses negative attitude is as a result of limited knowledge of evidenced-based practise, however, Browne et al., (2013) findings suggest an approach of inquiring on the belief of professionals about evidenced-based practise as essential to attitudinal change toward evidence-based practice. Attitude and beliefs are reported to be interwoven and essential point of enquiry for evidence-based practice (Stokke et al., 2014). It is Undebatable that attitude and belief influences behaviour and readiness to change at any point in time (Dalheim et al., 2012). In a research study by Dalheim et al. (2012), emphasis on attitudinal change and the importance of evidence-based practice was found reliable in stimulating the interest of professionals in adopting research evidence for best practices. Another researcher considers encouragement of the use of the highest evidence for those who have developed a positive attitude towards evidence-based practice (Rice, 2010). This is because, some areas of speciality like mental health have limited evidence for scientific practice (Michelle, 2014). However, the use of the few available evidence may stimulate the development of more evidence by the researcher or the end-users (Rice, 2010). Since the priority of nursing is the best standards of practice, the trend of theory, research and practice is grossly inevitable (Im & Ju Chang, 2012).

4. Conclusion

The rapid rising and accessibility to research findings have provided an avenue by which nursing can and must move from intuition-driven and anecdotal-based practice to evidence-based practice. However, it can be noted that despite the influx of scientific papers in nursing, the use of the evidence-based practice has been inhibited by several factors. Though there are limited papers in mental health nursing, the available few are underutilised. Nevertheless, the evidence-based practice can still be achieved by considering the change of attitude toward evidence-based practice and exploration of possible ways of improving its practical adoption. Therefore, the establishment of evidence-based practices culture in nursing is not a short-term attempt but requires a deliberate creation of a sustainable and innovative strategies, leadership approach, and long term commitment for all.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

References

- Alhasnawi, S., Sadik, S., Rasheed, M., Broadhead, W., Blazer, D., & George, L. (2012). Judicial involuntary admission under the Mental health act in Goa, India: profile, outcome and implications. *Guest editorial*, 9, 98. <https://doi.org/10.1192/S1749367600003428>
- Alzayyat, A. S. (2014). Barriers to Evidence-Based Practice Utilization in Psychiatric/Mental Health Nursing. *Issues in mental health nursing*, 35, 134-143. <https://doi.org/10.3109/01612840.2013.848385>
- Barrett, L., & Robinson, E. (2018). *Understanding the current evidence base on workforce retention in Health and*

Social Care.

- Black, B. P. (2019). The science of nursing and evidence-based practice. *Professional Nursing E-Book*, 217.
- Breimaier, H. E., Halfens, R. J., & Lohrmann, C. (2011). Nurses' wishes, knowledge, attitudes and perceived barriers to implementing research findings into practice among graduate nurses in Austria. *Journal of clinical nursing*, 20, 1744-1756. <https://doi.org/10.1111/j.1365-2702.2010.03491.x>
- Browne, G., Cashin, A., Graham, I., & Shaw, W.(2013). Addressing the mental health nurse shortage: Undergraduate nursing students working as assistants in nursing in inpatient mental health settings. *International Journal of Nursing Practice*, 19, 539-545. <https://doi.org/10.1111/ijn.12090>
- Brownson, R. C., Colditz, G. A., & Proctor, E. K. (Eds.). (2018). *Dissemination and implementation research in health: translating science to practice*. Oxford University Press.
- Coban Arguvanli, S., Karataş, N., Başer, M., & Zararsiz, G. (2015). Effect of aggression management training program on knowledge and attitudes of nurses working at psychiatric clinics. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, 16(5), 323-328. <https://doi.org/10.5455/apd.174343>
- Dalheim, A., Harthug, S., Nilsen, R. M., & Nortvedt, M. W. (2012). Factors influencing the development of evidence-based practice among nurses: a self-report survey. *BMC health services research*, 12, 367. <https://doi.org/10.1186/1472-6963-12-367>
- Dang, D., & Dearholt, S. L. (2017). *Johns Hopkins nursing evidence-based practice: Model and guidelines*. Sigma Theta Tau.
- Doğançay-Aktuna, S., & Hardman, J. (2018). Teacher Qualifications, Professionalism, Competencies, and Benchmarks. *The TESOL Encyclopedia of English Language Teaching*, 1-7. <https://doi.org/10.1002/9781118784235.celt0034>
- Fisher, M. (2014). A Comparison of Professional Value Development Among Pre-Licensure Nursing Students in Associate Degree, Diploma, and Bachelor of Science in Nursing Programs. *Nursing Education Perspectives*, 35, 37-42. <https://doi.org/10.5480/11-729.1>
- Friesen-Storms, J. H., Moser, A., Van Der Loo, S., Beurskens, A. J., & Bours, G. J. (2015). Systematic implementation of evidence-based practice in a clinical nursing setting: a participatory action research project. *Journal of clinical nursing*, 24(1-2), 57-68. <https://doi.org/10.1111/jocn.12697>
- Gardner Jr, K., Kanaskie, M. L., Knehans, A. C., Salisbury, S., Doheny, K. K., & Schirm, V. (2016). Implementing and sustaining evidence-based practice through a nursing journal club. *Applied Nursing Research*, 31, 139-145. <https://doi.org/10.1016/j.apnr.2016.02.001>
- Gates, D. M., Gillespie, G. L., & Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nurs Econ*, 29, 59-66.
- Gerrish, K., Guillaume, L., Kirshbaum, M., McDonnell, A., Tod, A. & Nolan, M. (2011). Factors influencing the contribution of advanced practise nurses to promoting evidence-based practise among front-line nurses: findings from a cross-sectional survey. *Journal of advanced nursing*, 67, 1079-1090. <https://doi.org/10.1111/j.1365-2648.2010.05560.x>
- Graham, I. D., Kothari, A., & Mccutcheon, C. (2018). Moving knowledge into action for more effective practice, programmes and policy: protocol for a research programme on integrated knowledge translation. *Implementation Science*, 13(1), 22. <https://doi.org/10.1186/s13012-017-0700-y>
- Gray, R. (2018). Promoting openness and transparency in mental health nursing science. *Journal of psychiatric and mental health nursing*, 25(1), 1-2. <https://doi.org/10.1111/jpm.12432>
- Gupta, S., Methuen, C., Kent, P., Chatain, G., Christie, D., Torales, J., & Ventriglio, A. (2016). Economic development does not improve public mental health spending. *International Review of Psychiatry*, 28(4), 415-419. <https://doi.org/10.1080/09540261.2016.1210582>
- Happell, B. & Gough, K. (2007). Undergraduate nursing students' attitudes towards mental health nursing: determining the influencing factors. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 25, 72-81. <https://doi.org/10.5172/conu.2007.25.1-2.72>
- Happell, B., & Gaskin, C. J. (2013). The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *Journal of Clinical Nursing*, 22, 148-158. <https://doi.org/10.1111/jocn.12022>
- Hercelinskyj, G., Cruickshank, M., Brown, P., & Phillips, B. (2014). Perceptions from the front line: Professional

- identity in mental health nursing. *International Journal of Mental Health Nursing*, 23(1), 24-32. <https://doi.org/10.1111/inm.12001>
- Hoeve, Et Al., (2017) Reported a feeling of disappointment and shattered dream by young nurses who expectation in school is different from what obtains in practice as a result of a lack of autonomy for nurses. <https://doi.org/10.1177/1078390311426289>
- Kearney, M. H., & Inane Predatory Publishing Practices Collaborative. (2015). Predatory publishing: what authors need to know. *Research in nursing & health*, 38(1), 1-3. <https://doi.org/10.1002/nur.21640>
- Letlape, H. R., Koen, M. P., Coetzee, S. K., & Koen, V. (2014). The exploration of in-service training needs of psychiatric nurses. *Health SA Gesondheid (Online)*, 19(1), 1-9. <https://doi.org/10.4102/hsag.v19i1.763>
- Mackey, A., & Bassendowski, S. (2017). The history of evidence-based practice in nursing education and practice. *Journal of Professional Nursing*, 33(1), 51-55. <https://doi.org/10.1016/j.profnurs.2016.05.009>
- Majid, S., Foo, S., Luyt, B., Zhang, X., Theng, Y.-L., Chang, Y.-K., & Mokhtar, I. A. (2011). Adopting evidence-based practise in clinical decision making: nurses' perceptions, knowledge, and barriers. *Journal of the Medical Library Association: JMLA*, 99, 229. <https://doi.org/10.3163/1536-5050.99.3.010>
- Mashiach-Eizenberg, M. (2011). Implementation of evidence-based nursing practice: nurses' personal and professional factors? *Journal of advanced nursing*, 67, 33-42. <https://doi.org/10.1111/j.1365-2648.2010.05488.x>
- Matney, S., Brewster, P. J., Sward, K. A., Cloyes, K. G., & Staggers, N. (2011). Philosophical approaches to the nursing informatics data-information-knowledge-wisdom framework. *Advances in Nursing Science*, 34, 6-18. <https://doi.org/10.1097/ANS.0b013e3182071813>
- Mcewen, M., White, M. J., Pullis, B. R., & Krawtz, S. (2013). Essential Content in RN-BSN Programs. *Journal of Professional Nursing*. <https://doi.org/10.1016/j.profnurs.2013.10.003>
- Meehan, T. C., Timmins, F., & Burke, J. (2018). Fundamental care guided by the Careful Nursing Philosophy and Professional Practice Model©. *Journal of clinical nursing*, 27(11-12), 2260-2273. <https://doi.org/10.1111/jocn.14303>
- Michelle, C. (2014). The "Buzz" About Evidence-Based Practice in Psychiatric-Mental Health Nursing. *Journal of Psychosocial Nursing and mental health services*, 52, 3-4. <https://doi.org/10.3928/02793695-20140127-01>
- Moore, D. M. (2017). Professionalism in Defence Acquisition: The Importance of Knowledge and the Concept of the Intelligent Customer. In *Emerging Strategies in Defense Acquisitions and Military Procurement* (pp. 242-262). IGI Global. <https://doi.org/10.4018/978-1-5225-0599-0.ch014>
- Newton, P., Oldekop, J., Agrawal, A., Cronkleton, P., Etue, E., Russell, A. J., ... & Zhou, W. (2015). *What are the biophysical, institutional, and socioeconomic contextual factors associated with improvements in livelihood and environmental outcomes in forests managed by communities?: A systematic review protocol* (Vol. 172). CIFOR.
- O'donoghue, B., Lyne, J., Hill, M., Larkin, C., Feeney, L., & O'callaghan, E. (2010). Involuntary admission from the patients' perspective. *Social psychiatry and psychiatric epidemiology*, 45, 631-638. <https://doi.org/10.1007/s00127-009-0104-7>
- Oyelade, O. O., Smith, A. A. H., & Jarvis, M. A. (2017). Dismissing de-escalation techniques as an intervention to manage verbal aggression within mental health care settings: attitudes of psychiatric hospital-based Nigerian mental health nurses. *African Journal of Nursing and Midwifery*, 20(5), 396-404. <http://dx.doi.org/10.25159/2520-5293%2F731>
- Papathanassoglou, E. D., Karanikola, M. N., Kalafati, M., Giannakopoulou, M., Lemonidou, C., & Albarran, J. W. (2012). Professional autonomy, collaboration with physicians, and moral distress among European intensive care nurses. *American Journal of Critical Care*, 21, e41-e52. <https://doi.org/10.4037/ajcc2012205>
- Park, M., & Jones, C. B. (2010). A retention strategy for newly graduated nurses: an integrative review of orientation programs. *Journal for Nurses in Professional Development*, 26, 142-149. <https://doi.org/10.1097/NND.0b013e31819aa130>
- Penman, J., Martinez, L., Papoulis, D., & Cronin, K. (2018). Voices from the Field: Regional Nurses Speak About Motivations, Careers and How to Entice Others to Pursue Mental Health Nursing. *International journal of nursing education scholarship*, 15(1). <https://doi.org/10.1515/ijnes-2017-0056>

- Pfeffer, J., & Sutton, R. I. (2006). Evidence-based management. *Harvard business review*, 84, 62.
- Pham, J. C., Story, J. L., Hicks, R. W., Shore, A. D., Morlock, L. L., Cheung, D. S., Kelen, G. D., & Pronovost, P. J. (2011). A national study on the frequency, types, causes, and consequences of voluntarily reported emergency department medication errors. *The Journal of emergency medicine*, 40, 485-492. <https://doi.org/10.1016/j.jemermed.2008.02.059>
- Pulcini, J., Jelic, M., Gul, R., & Loke, A. Y. (2010). An international survey on advanced practise nursing education, practice, and regulation. *Journal of Nursing Scholarship*, 42, 31-39. <https://doi.org/10.1111/j.1547-5069.2009.01322.x>
- Rice, M. J. (2011). Evidence-Based Practice Principles Using the Highest Level When Evidence Is Limited. *Journal of the American Psychiatric Nurses Association*, 17, 445-448.
- Rousseau, D. M., & Gunia, B. C. (2016). Evidence-based practice: the psychology of EBP implementation. *Annual Review of Psychology*, 67, 667-692. <https://doi.org/10.1146/annurev-psych-122414-033336>
- Russel, D., Turnpenny, J., & Jordan, A. (2018). Mainstreaming the environment through appraisal: integrative governance or logic of disintegration?. *Environment and Planning C: Politics and Space*, 2399654418767656. <https://doi.org/10.1177/2399654418767656>
- Sadeghi-Bazargani, H., Tabrizi, J. S., & Azami-Aghdash, S. (2014). Barriers to evidence-based medicine: a systematic review. *Journal of evaluation in clinical practice*, 20(6), 793-802. <https://doi.org/10.1111/jep.12222>
- Santos, J. L. G. D., Erdmann, A. L., Andrade, S. R. D., Mello, A. L. S. F. D., Lima, S. B. S. D., & Pestana, A. L. (2013). Nursing governance: an integrative review of the literature. *Revista da Escola de Enfermagem da USP*, 47, 1417-1425. <https://doi.org/10.1590/S0080-623420130000600024>
- Schaefer, J. D., & Welton, J. M. (2018). Evidence based practice readiness: A concept analysis. *Journal of nursing management*, 26(6), 621-629. <https://doi.org/10.1111/jonm.12599>
- Sheppard, K. G., Baxter, G. P., Fisher, F. T., Lowes, S., Holahan, P. J., & Metz, S. S. (2018, JUNE). Board 134: FOUNDATIONS-Integrating Evidence-based Teaching and Learning Practices into the Core Engineering Curriculum. In *2018 ASEE Annual Conference & Exposition*.
- Snaith, B., Williams, S., Taylor, K., Tsang, Y., Kelly, J., & Woznitza, N. (2018). Is a nurse consultant impact toolkit relevant and transferrable to the radiography profession? An evaluation project. *Radiography*. <https://doi.org/10.1016/j.radi.2018.05.001>
- Snowden, A., Gilfedder, M., Ferries, E., Bartling, L., & Barron, D. T. (2012). Concordance in action: training needs analysis. *British Journal of Mental Health Nursing*, 1, 13-18. <https://doi.org/10.12968/bjmh.2012.1.1.13>
- Solomons, N. M., & Spross, J. A. (2011). Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review. *Journal of nursing management*, 19, 109-120. <https://doi.org/10.1111/j.1365-2834.2010.01144.x>
- Stevens, J., Browne, G., & Graham, I. (2013). A career in mental health still an unlikely career choice for nursing graduates: A replicated longitudinal study. *International journal of mental health nursing*, 22, 213-220. <https://doi.org/10.1111/j.1447-0349.2012.00860.x>
- Stokke, K., Olsen, N. R., Espehaug, B., & Nortvedt, M. W. (2014). Evidence-Based Practice beliefs and implementation among nurses: a cross-sectional study. *BMC Nursing*, 13, 8. <https://doi.org/10.1186/1472-6955-13-8>
- Stokowski, L. A. (2011). Overhauling nursing education. *Medscape Nurses*.
- Tacia, L., Biskupski, K., Pheley, A., & Lehto, R. H. (2015). Identifying barriers to evidence-based practice adoption: A focus group study. *Clinical Nursing Studies*, 3(2), 90. <https://doi.org/10.5430/cns.v3n2p90>
- Tierney, P., & Farmer, S. M. (2011). Creative self-efficacy development and creative performance over time. *Journal of Applied Psychology*, 96, 277. <https://doi.org/10.1037/a0020952>
- Van Der Doef, M., Mbazzi, F. B., & Verhoeven, C. (2012). Job conditions, job satisfaction, somatic complaints and burnout among East African nurses. *Journal of Zampetakis, L. A., Bouranta, N. & Moustakis, V. S. (2010). On the relationship between individual creativity and time management. Thinking Skills and Creativity*, 5, 23-32. <https://doi.org/10.1016/j.tsc.2009.12.001>

- Westbrook, A. H. (2011). Mental Health Legislation and Involuntary Commitment in Nigeria: A Call for Reform. *Wash. U. Global Stud. L. Rev.*, 10, 397.
- World Health Organization. (2012). *WHO Quality Rights tool kit: assessing and Improving quality and human rights in mental health and social care facilities*. Retrieved from http://www.who.int/iris/bitstream/10665/70927/3/9789241548410_eng.Pdf (accessed 5th November 2013). ISBN 978 92 4 154841 0.
- World Health Organization. (2013). *Mental health action plan 2013-2020*. World Health Organization. Retrieved from http://www.who.int/mental_health/publications/action_plan/en/. Pdf (accessed 5th March 2014). ISBN 978 92 4 150602 1.
- Zhou, W., Yu, Y., Yang, M., Chen, L., & Xiao, S. (2018). Policy development and challenges of global mental health: a systematic review of published studies of national-level mental health policies. *BMC Psychiatry*, 18(1), 138. <https://doi.org/10.1186/s12888-018-1711-1>

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