

Beliefs, Organizational Culture and Readiness on Implementation of Evidence-Based Practice among Nurses in Selected District Hospitals

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ABSTRACT

For the purpose of guiding decisions regarding healthcare, evidence-based practice (EBP) brings together clinical competence, the most compelling scientific data, and the patient's needs and values. Empirical data at the local level appears to be scarce. This quantitative research made use of the descriptive, correlational research design to assess the relationship between beliefs and culture and readiness with implementation of evidence-based practice among nurses in the five district hospitals in Province of Western Samar during the year 2024. Findings of the study revealed that respondents had a very positive belief on evidence-based practice. Nurses had a positive organizational culture and readiness on EBP and there was a very high implementation of evidence-based practice. Beliefs and implementation on EBP were significantly correlated while organizational culture and readiness and implementation on EBP were significantly correlated. In conclusion, implementation of evidence-based practice is influenced by beliefs and organizational culture and readiness. This means that as the belief in evidence-based practice and organizational culture and readiness becomes more positive, it also increases the implementation of evidence-based practice. To address the findings of the study, an evidence-based implementation sustenance plan was proposed.

Keywords: Beliefs, Evidence-based Practice, Implementation, Nurses, Organizational culture and readiness.

INTRODUCTION

The provision of holistic, high-quality care that is founded on the most recent research and knowledge is what is meant by the term "evidence-based practice (EBP)" in the nursing profession. This is in contrasts with the use of conventional methods, the guidance of colleagues, or personal convictions. Through the process of collecting, processing, and putting into practice the findings of research, nurses have the opportunity to gain more knowledge and improve their clinical practice experience. Practice that is based on evidence places an emphasis on the patient, who is the most important aspect of nursing. Gaining an understanding of what evidence-based practice in nursing is, why it is so important, and how one can incorporate it into his day-to-day care for patients is very vital to nursing.

In support to this, according to the American Nurses Association (2023), evidence-based nursing draws upon critical reasoning and judgment skills developed through experience and training. One can practice evidence-based nursing interventions by following five crucial steps that serve as guidelines for making patient care decisions. This process includes incorporating the best external evidence, clinical expertise, and the patient's values and expectations: (a) ask a clear question about the patient's issue and determine an ultimate goal, such as improving a procedure to help their specific condition; (b) acquire the best evidence by searching relevant clinical articles from legitimate sources; (c) appraise the resources gathered to determine if the information is valid, of optimal quality compared to the evidence levels, and relevant for the patient; (d) apply the evidence to clinical practice by making decisions based on your nursing expertise and the new information; and (e) assess outcomes to determine if the treatment was effective and should be considered for other patients.

Indeed evidence-based practice is really important. Findings in the study of Connor et al. (2023) indicated that

EBPs improve patient outcomes and return of investment for healthcare systems. Coordinated and consistent use of established nomenclature and methods to evaluate EBP and patient outcomes are needed to effectively increase the growth and impact of EBP across care settings. Leaders, clinicians, publishers, and educators all have a professional responsibility related to improving the current state of EBP. Several key actions are needed to mitigate confusion around EBP and to help clinicians understand the differences between quality improvement, implementation science, EBP, and research.

However, in a recent study made by Mohamed et al. (2024) the nurses' experience with EBP indicated that there was limited support for the implementation of this approach. Furthermore, they experienced varying barriers to EBP implementation. They viewed EBP as a complex technique as they lacked knowledge and skills related to the formulation of research questions, and retrieving, applying and disseminating of EBP in clinical practice decision-making. That is due to barriers pertinent to the individual, organizational and patient factors. The key to successfully implementing an EBP in nursing practice is to promote professional development, comprehensive and continuous training, a culture of change, organizational support and motivation.

This poses the importance of knowing the beliefs of nurses along with the organizational culture and readiness and how they influence implementation on EBP. In addition to this, the research assesses the relationships of beliefs and organizational culture and readiness with implementation with regard to evidence-based practice. Among the methodological gap of the study, the assessment of the relationships among the variables has been recognized as the most significant. Within the worldwide arena, there are existing studies that are available; however, none of these researches had been conducted at the micro-level.

The researcher having worked as a nurse on the hospital observed that nurses seem to have a shallow understanding of how EBP is implemented in their works. They are implementing EBP in their practice and not really knowing that what they are doing is already implementing EBP. Processes about its implementation is yet to be developed. Simple example of evidence-based practice that nurses are doing are the use of oxygen to help with hypoxia and organ failure in patients with Chronic Obstructive Pulmonary Disease (COPD), management of angina, and recognition of a family member's influence on a patient's presentation of symptoms. These are commonly done by nurses and yet failing to recognize it as EBP already. Nurses need to understand the importance and how this EBP influences patient care and that it has to be implemented at all times. The deeper meaning of EBP is not thoroughly grasped by nurses that it is really important to determine their beliefs, its implementation, the organizational culture and readiness of the nurses about EBP.

The effects of assessing beliefs, implementation, and organizational culture and readiness will redound to the clientele which has an impact on gaining positive outcomes to maintain well-being and health. Thus, this study is aligned with the third sustainable developmental goals on good health and well-being. Further, it is also the intention of the researcher to address the gap by creating an evidence-based practice enhancement plan. This plan will greatly help nursing administrators gain insights and baseline information about evidence-based practice which will serve as a guide to improve and gain better implementation of the evidence-based practice in the hospital.

Research Objectives

To assess the influence of beliefs and organizational culture on nurses' readiness for implementing evidence-based practice in selected district hospitals in Province of Western Samar during the year 2024.

Specifically, the study answered the following queries:

1. Determine personal beliefs, organizational culture and readiness, and implementation on evidence-based practice among nurses.
2. Examine the relationship among personal beliefs, organizational culture and readiness, and implementation of evidence-based practice.
3. Propose an evidence-based practice implementation sustenance plan was proposed based on the findings of the study?

Statement of Null Hypotheses

Ho1: There was no significant relationship between beliefs and implementation on evidence-based practice.

Ho2: There was no significant relationship between organizational culture and readiness and implementation on evidence-based practice.

REVIEW OF RELATED LITERATURE AND STUDIES

Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to clinical care that incorporates the conscious use of the best available scientific evidence, clinicians' expertise, and patients' values (Sackett et al., 1999 as cited in Yoo, 2019). This leads to safe patient care and positive patient outcomes, reduces nursing time and medical costs through standardization of nursing practice (Balakas et al., 2013 as cited in Yoo et al., 2019).

Evidence-based practice is "integrating the best available evidence with the healthcare educator's expertise and the client's needs while considering the practice environment (Roe-Prior, 2022). There is often confusion between quality improvement, evidence-based practice, and research. A seminal article by Shirey et al. (2011) as cited in Brunt and Morris (2024), differentiated these three topics. Evidence-based practice is a systematic problem-solving approach that is evidence-driven and translates new knowledge into clinical, administrative, and educational practice. Institutional Review Board (IRB) approval is usually not required unless outcomes are intended for publication, or the project could potentially expose individuals to harm. The EBP process, as defined by Melnyk and Fineout-Overholt, includes seven steps: (a) encouraging and supporting a spirit of inquiry; (b) asking questions; (c) searching for evidence; (d) appraising the evidence; (e) integrating evidence into practice; (f) evaluating outcomes; and (g) sharing results. Implementing EBP in practice has been shown to lead to a higher quality of care and better patient outcomes, but nurses encounter many barriers when implementing EBP (Brunt & Morris, 2024).

EBP has become essential in supporting nurses' practice, contributing to improved quality of care through decreased variability, reduced costs, improved clinical safety, and greater satisfaction with professional growth (Speroni et al., 2020). However, the transfer of knowledge into care practice by nurses is progressing slowly due to a number of barriers: lack of knowledge of EBP and EBP competence, misconceptions or negative attitudes towards research and evidence-based care, lack of time and resources, and organizational constraints, such as lack of support and incentives (Duncombe, 2018; Mathieson et al., 2018; Melnyk et al., 2018; Shayan et al., 2019).

Nurses play a crucial role in patient care and outcomes. By embracing evidence-based practice, nurses can ensure they are providing the highest quality and most effective care possible. In this article, we explore what evidence-based nursing practice is, how it improves patient outcomes, and how it can reduce healthcare costs. We also look at how professional nursing organizations support evidence-based practice, share examples of evidence-based practice in nursing, and discuss how nurses can advance their education to support evidence-based practice (Xavier University, 2023).

Evidence-Based Nursing Practice (EBNP) is an approach that involves integrating individual clinical expertise with the most relevant and current research evidence available. This assist healthcare providers in making informed decisions about patient care. Research conducted in the nursing field helps bridge the knowledge gap and improve healthcare organizations and patient outcomes. EBNP is built on the foundation laid by Florence Nightingale, who pioneered the use of empirical data and research studies to improve patient care and outcomes in the 19th century (Xavier University, 2023).

Evidence-Based Practice (EBP) leads to positive patient outcomes by promoting informed decision-making processes among healthcare providers. As they incorporate the latest and most reliable research evidence with their clinical expertise and the unique circumstances of each patient, they can develop more effective care plans. High-quality patient care is driven by relevant research studies, which inform clinical practice and aid in detecting discrepancies in healthcare delivery, thus minimizing potential complications and enhancing overall patient satisfaction (Xavier University, 2023).

Beliefs on Evidence-Based Practice. The findings showed that the clinical nurses had a positive level of EBP beliefs, but the level of EBP knowledge, organizational readiness and EBP implementation were insufficient. EBP knowledge, beliefs, and organizational readiness were significantly positively correlated with EBP implementation. In the final model, EBP knowledge and organizational readiness were significant predictors of EBP implementation; the model predicted almost a quarter of the variance in implementation. In the study of Abu-Baker et al. (2021), integrating evidence-based practice (EBP) into the daily practice of healthcare professionals has the potential to improve the practice environment as well as patient outcomes. It is essential for nurses to build their body of knowledge, standardize practice, and improve patient outcomes. The study revealed that the respondents reported a mean total belief score which was interpreted as positive.

Findings in the study of Hashish and Alsayed (2020) revealed that the mean score and standard deviation of the perception of overall EBP by nurses are moderate with the highest mean for attitudes towards EBP, followed by the use of EBP and EBP knowledge. Nurses displayed positive attitudes toward both EBP and quality improvement (QI). However, they perceived themselves to be lacking sufficient EBP knowledge and need to improve their QI skills. There was a strong positive correlation between EBP and QI with a predictive power of QI on EBP. That study of Chapman-Rodriguez (2023) revealed that EBP belief scores were notably higher in nurses working in neonatology, critical care, and among nurse leaders. There was a statistically significant difference in EBP organizational culture among nurse leaders, compared to clinical nurses, and advanced practice nurses. EBP implementation was favorable in neonatology, acute care, and nurse leaders.

Clinicians self-report low EBP beliefs, insufficient knowledge, lack of competencies, educational training programs, minimal or no support from their leaders, and not having a full understanding of EBP culture and implementation science at the organizational level (Albarqouni et al., 2018; Labrague et al., 2019; Lam & Schubert, 2019; Lam et al., 2020; Lehane et al., 2019; Yoo et al., 2019). Barriers to productive EBP organizational environments in the U.S. include gaps in knowledge, nurses that do not believe EBP is important, or that EBP adds value to patient care outcomes (Crale et al., 2021). In addition, inadequate access to library resources, mentors, and organizational challenges, such as inability to provide protected time, along with lack of leadership support, also hinder EBP culture and effective attributes (Alves, 2021; Carter et al., 2018; Duff et al., 2020; Labrague et al., 2019). Melnyk et al. (2021) created the Advancing Research and Clinical practice through close Collaboration (ARCC©) Model which is an EBP implementation framework for healthcare systems. EBP culture and mentorship are key variables that effect EBP knowledge, beliefs, competency, implementation, nurse satisfaction and retention. Organizational readiness, EBP training, minimizing barriers, nursing leadership engagement, are identified as areas in need of further research (McNett et al., 2019; McNett et al., 2020).

Organizational Culture and Readiness on Evidence-Based Practice

Results in the study of Cleary-Holdforth et al. (2022) demonstrated improved participant perceptions of the organizational culture and readiness for evidence-based practice of their workplaces between the first and second data collection points, indicating moderate movement towards a culture of evidence-based practice. Strengths, challenges and opportunities for improvement were identified. Participants in the evidence-based practice mentorship programme had a larger increase in perceived organizational culture and readiness for evidence-based practice and in evidence-based practice belief scores than those who did not participate.

Results in the study of Cleary-Holdforth et al. (2021) revealed that clinicians, educators, and students reported positive beliefs about EBP. Beliefs regarding their ability to implement EBP were lower overall. EBP implementation was low across all groups. Clinicians, educators, and students reported varying perceptions of organizational support and readiness for EBP. Across all measures, higher scores indicated higher beliefs, implementation, and organizational culture and readiness for EBP. Results in the study of Chala and Tilahun (2024) revealed that the overall hospital culture and readiness score for system-wide integration of evidence-based practice among nurses in six hospitals was equivocal. There was a need to engage all resources and increase leadership commitment to make evidence-based practice a hospital culture.

Implementation on Evidence-Based Practice. IEBP improved quality healthcare and client outcomes in the care setting like reducing patient pain, hospital stay and ulcers due to pressure (Doran et al., 2014). In the study

of Abu-Baker et al. (2021) revealed that respondents reported a much lower implementation score. Respondents who received EBP training reported significantly higher total belief and implementation scores than those who did not. In the study of Dagne and Beshah (2021), nurses and midwives perceived that implementation of evidence-based practice is the use of research findings, guidelines, hospital protocols, books, and expert experience in clinical decision-making practice. However, there was limited support for the implementation of evidence-based practice by nurses and midwives. The lack of knowledge and skill to use evidence like research findings, time mismanagement, the lack of motivation, the lack of resources and training were the perceived barriers to the implementation of evidence-based practice. Stick to the traditional practice due to lack of incentive and unclear job description between diploma and BSc nurses and midwives were the perceived causes of the lack of motivation.

The study of Duff et al. (2020) revealed that four determinants of the local EBP environment were identified from the perspectives and experiences of participants: (1) the importance of a shared model to guide staff through the EBP process; (2) support for EBP in the form of education, hands-on training, and knowledge infrastructure; (3) active team facilitation by direct care nurses, nurse managers, nurse specialists, and nurse scientists; and (4) a culture and leadership that encourages EBP. Results in the study of Shang et al. (2024) revealed that the climate for implementing EBP in Chinese nursing organizations was relatively strong. Nursing managers can enhance the climate for implementing EBP in their organizations by actively improving salary and enhancing EBP-related trainings and practices. Understanding nurses' perceptions of the EBP implementation climate in their organizations can help to identify specific barriers and facilitators to the development of EBP and facilitate its successful implementation.

EBP implementation was significantly correlated with EBP knowledge and organizational readiness. Having a master's degree or higher and prior experience conducting research had a favorable impact on the level of EBP implementation. Melnyk et al., (2021) recommends clinicians are more apt to change EBP behaviors if their environment (local and organizational) has a strong EBP culture with resources, protected time for training, mentors, and leadership support. To sustain EBP culture, strategies must be tailored to local clinicians. Votova et al., (2019) describes a leadership framework where physicians and clinical leaders are engaged in change management with their LEADS implementation science framework. Here all clinicians Lead self, engage others, achieve results, develop coalitions, and support systems transformation. They even suggested EBP implementation 'debriefs' for feedback on what worked and what can be improved.

Beliefs on Evidence-Based Practice and Implementation on Evidence-Based Practice. In the study of Abu-Baker et al. (2021) revealed that the results of the current study revealed that despite the positive beliefs of the respondents, their implementation of EBP was very low. There was no significant relationship between the total score of EBP belief and the total score of EBP implementation. The results in the study of Ferrer and Baliton (2023) showed that nurses somewhat truly believe in evidence-based practice, have acceptable evidence-based practice knowledge, probably consider the culture and organizational readiness, and are interested in implementing specific evidence-based practice tasks. Also, it was found that only knowledge of evidence-based practice is a highly significant predictor of evidence-based practice implementation. Perceived facilitating factors include supportive policies, training opportunities, management, and peer support. At the same time, lack of knowledge and insufficient time were recorded as barriers to implementing evidence-based practice. The salient findings were used in crafting the policy brief.

The final structural equation model found that EBP culture and mentorship were key variables that positively impacted EBP knowledge, beliefs, competency, implementation, job satisfaction, and intent to stay among nurses (Melnik et al., 2021). Results in the study of Yoo et al. (2019) revealed that the clinical nurses had a positive level of EBP beliefs, but the level of EBP knowledge, organizational readiness and EBP implementation were insufficient. EBP knowledge, beliefs, and organizational readiness were significantly positively correlated with EBP implementation. In the final model, EBP knowledge and organizational readiness were significant predictors of EBP implementation; the model predicted 22.2 percent of the variance in implementation.

Organizational Culture and Readiness and Implementation on Evidence-Based Practice. Results in the study of Cardoso et al. (2021) revealed moderate and statistically significant relationship between: evidence-

based practice beliefs and implementation; and evidence-based practice beliefs and organizational culture and readiness for school-wide integration of evidence-based practice. Between evidence-based practice implementation and organizational culture and readiness for school-wide integration of evidence-based practice, there was a small relationship. In the study of Chapman-Rodriguez (2023) it was found that there was no significant difference, or correlation was found in EBP belief, organizational culture, or implementation mean scores related to nurses' age, academic nursing degree, or years of experience in our cohort, and implementation scales.

Synthesis

Literature and studies clearly emphasized that there is a constant correlation between evidence-based practice and decision-making and increased quality of care, patient safety, and a multitude of favorable clinical outcomes, as evidenced by individual reports scattered across the body of published research. Thus, it is important for nurses to believe in it, be ready for its implementation, and develop a culture that embraces evidence-based practice. The use of evidence-based practice is now universally acknowledged as the most important factor in enhancing the quality of healthcare and the outcomes for patients. Despite the fact that the objectives of nursing research, which are to conduct research in order to generate new knowledge, and evidence-based nursing practice, which emphasizes the utilization of the best evidence as the foundation for nursing practice, appear to be quite distinct from one another, an increasing number of research studies have been carried out with the intention of effectively translating evidence into practice. Evidently, in order to accomplish substantial results, the evidence derived from research (successful innovation) must be followed by effective execution and a context that is conducive to the achievement of those results. Though the importance of evidence-based practice is very well document, this does not hold through to all healthcare institutions. Many identify its importance, but the determination of beliefs, implementation, culture and readiness are not very well established especially at local levels and for this reason, that is why this study is conducted.

RESEARCH METHODOLOGY

Design

This quantitative research utilized the descriptive, correlational research design. The descriptive design was used in determining the beliefs, implementation, and culture and readiness on evidence-based practice among nurses while the correlational design was used in assessing the relationship between among beliefs and organizational culture and readiness with implementation on evidence-based practice of the nurses.

Environment

The study was conducted in the five district hospitals in the province of Western Samar, Philippines namely: Basey District Hospital (BDH), Samar Provincial Hospital (SPH), Gandara District Hospital (GDH), Calbayog District Hospital (CDH), and Tarangnan Community Hospital (TCH).

Respondents

Respondents of the study were the nurses of the five district hospitals. There were 59 nurses from Basey District Hospital (BDH), 114 Nurses from Samar Provincial Hospital (SPH), 25 nurses from Gandara District Hospital (GDH), 78 nurses from Calbayog District Hospital (CDH), and 15 nurses from Tarangnan Community Hospital (TCH). All in all there were 291 nurses. In the actual data gathering there were only 256 nurses who responded as some have resigned already from their posts. Retrieval rate was at 87.97 percent.

Sampling Design. A complete enumeration was done where, those who qualify based on the inclusion and exclusion criteria were invited to participate in the study.

Inclusion Criteria. For one to be included in the study they had to be nurses and connected with any of the five district hospitals in province of Western Samar regardless of age, sex, socio-economic status, employment status, and educational attainment, and religion, Respondents must be willing to provide voluntary consent to participate in the study.

Exclusion Criteria. Excluded in the study were those holding managerial positions such as nurse supervisors and the chief nurse. Excluded further were those who are just hired and had not been with the hospital for at least three (3) months already. Furthermore, those who had submitted their resignation letters and retirement intentions were also excluded from the study. Lastly, those handling managerial positions were excluded from the study.

Instruments

The study made use of a three-part adopted questionnaires. Part one determined the EBP beliefs. Part one was the EBP Beliefs Scale (Short Version) by Melnyk et al. (2021). The short version was used as this was the most recent developed instrument and it was also recommended by the author of the instrument to be used. The original 18-item EBP Beliefs scale has been shortened to a 3-item scale to measure a person's beliefs about the value of EBP and ability to implement it. Participants respond on a five-point Likert type scale with responses ranging from 1 as Strongly Disagree to 5 as Strongly Agree.

Part two of the instrument was the Organizational Culture and Readiness for System-wide Integration of Evidence-based Practice Scale (Short Version) by Melnyk et al. (2021). The Organizational Culture and Readiness for System-wide Integration of Evidence-based Practice Survey that includes 19 items has been shortened to a 3-item scale to measure organizational structures/resources to support EBP. Participants respond on a 5-point Likert type scale with responses ranging from 1 as Strongly Disagree to 5 as Strongly Agree.

Part three of the instrument was the EBP Implementation Scale (Short Version) by Melnyk et al. (2021). The EBP Implementation scale that includes 18 items has been shortened to a three-item scale to measure a person's ability to implement EBP. Participants respond on a five-point Likert type scale with responses ranging from 1 as Strongly Disagree to 5 as Strongly Agree.

Factor analysis supported the construct validity of each of the three shortened scales as all item intercorrelations were greater than 0.40 and KMO values were 0.62 to 0.74. The shortened scales Cronbach alphas were 0.81 for the EBP Beliefs Scale, 0.89 for the EBP Implementation Scale, and 0.87 for the EBP Culture and Readiness Scale. The three shortened EBP scales had acceptable convergent validity ($r = 0.42 - 0.72$) for the correlations between the shortened and longer scales) (Melnyk, et al., 2021). Permission was sought to the authors to make use of the said instrument (See appendix).

Parametric scores and interpretation for beliefs and organizational culture and beliefs were as follows: A score of 1.00 to 1.80 is very negative, 1.81 to 2.60 is negative, 2.61 to 3.20 is neither negative nor positive, 3.21 to 4.20 is positive, and 4.21 to 5.00 is very positive. Interpretation for implementation were as follows: A score of 1.00 to 1.80 is very low, 1.81 to 2.60 is low, 2.61 to 3.20 is moderate, 3.21 to 4.20 is high, and 4.21 to 5.00 is very high.

Data Gathering Procedures

The first step in the research process involved submitting three different research titles for approval. When a title had been accepted, the process of creating the manuscript then began. For the purpose of obtaining approval to carry out the study, transmittal letters were also required to be filed. Under the direction of a group of experts, the study was subjected to a design hearing. After the design hearing, the manuscript was submitted for ethical approval, and the recommendations and suggestions that were made during the design hearing were incorporated. The process of recruitment started after it had been approved by the ethics committee. As soon as the notice to proceed was given, the first respondent was recruited accordingly. Participants were recruited by either in-person intercepts or through online platforms, depending on the preference of the researcher. A messaging program (messenger) was utilized for online platforms, and a Google form was constructed specifically for this purpose. The criteria for inclusion and exclusion, as well as the sampling methodology, served as the guiding principles for the recruitment process. Participants who were recruited through face-to-face intercept were given the opportunity to answer the questionnaire in a location of their choosing, which ensured that they were allowed the right to privacy. Everything was carried out in this manner until the desired sample size was reached. After all the data had been collected, data were collated using excel format. It was

submitted to a statistician for statistical treatment. Data were presented in tables along with their respective interpretations, implications, and supporting literature. At the end of the final defense all raw data and answered questionnaires including the recordings were deleted, shredded, and destroyed.

Statistical Treatment of Data

The following descriptive and inferential statistics were used to treat the data:

Mean Score and Standard Deviation. This was used to determine the beliefs, implementation, and organizational culture and readiness on evidence-based practice of the nurses.

Pearson r. This was used to assess the interrelationship among beliefs, implementation, and organizational culture and readiness on evidence-based practice of the nurses.

Ethical Considerations

When doing the research, the researcher made certain that the welfare of the respondents was safeguarded and that their ethical rights were respected. In light of this, the research was carried out for ethical evaluation. The researcher did not move on with the data collection phase of the project unless she had received approval from the ethical committee. Included in the appendices was a discussion of the ethical aspects that were taken into account.

Presentation, Analysis, and Interpretation of Data

Table 1 Beliefs on Evidence-Based Practice among Nurses

EBP beliefs	Mean score	SD	Interpretation
1. I believe that EBP results in the best clinical care for patients.	4.54	.740	Strongly agree
2. I am sure that I can implement EBP.	4.23	.739	Strongly agree
3. I am sure that implementing EBP will improve the care that I deliver to my patients.	4.41	.713	Strongly agree
Grand mean	4.39	.645	Very positive

Note: $n=256$.

Legend: A score of 1.00 to 1.80 is very negative (strongly disagree), 1.81 to 2.60 is negative (disagree), 2.61 to 3.20 is neither negative nor positive (neither agree nor disagree), 3.21 to 4.20 is positive (agree), and 4.21 to 5.00 is very positive (strongly agree).

The table shows that respondents had a very positive belief on evidence-based practice in their respective organizations. The very positive belief in evidence-based practice means that the nurses believed and strongly agree that EBP results in the best clinical care for their patients. Further, they strongly agree that they were sure that they can implement EBP. Furthermore, they strongly agree that they are sure that implementing EBP will improve the care that they deliver to their patients. The advent of evidence-based practice had long been implemented in hospitals, this finding, only shows that though the nurses are coming from different institutions indeed they believed that their respective organizations are adopting evidence-based practice. This is undeniable also, as observed by the researcher in her hospital alone that indeed the hospital advocates for evidence-based practice and are adopting specific measures to make sure that evidence-based practice is really practiced in the hospital. And since nurses are already putting EBP into practice in their own hospitals, this conclusion is in fact applicable to all institutions. To properly implement EBP in the corresponding organizations, the government must provide much-needed support.

Similarly, in the study of Abu-Baker et al. (2021), integrating evidence-based practice (EBP) into the daily practice of healthcare professionals has the potential to improve the practice environment as well as patient outcomes. It is essential for nurses to build their body of knowledge, standardize practice, and improve patient outcomes. The study revealed that the respondents reported a mean total belief score which was interpreted as positive. Also, the study of Chapman-Rodriguez (2023) revealed that EBP belief scores were notably higher in nurses working in neonatology, critical care, and among nurse leaders. Contrary to the findings, clinicians self-report low EBP beliefs, insufficient knowledge, lack of competencies, educational training programs, minimal or no support from their leaders, and not having a full understanding of EBP culture and implementation science at the organizational level (Albarqouni et al., 2018; Labrague et al., 2019; Lam & Schubert, 2019; Lam et al., 2020; Lehane et al., 2019; Yoo et al., 2019). Barriers to productive EBP organizational environments in the U.S. include gaps in knowledge, nurses that do not believe EBP is important, or that EBP adds value to patient care outcomes (Crable et al., 2021). Though it may be difficult to obtain a one hundred percent compliance with EBP, there are some challenges that have to be addressed. As observed, the belief goes beyond believing that EBP brings positive outcomes to patient care. It goes beyond believing, it is actually practiced by the nurses. The fact that EBP utilizes recent research findings in the care of patients, this is in fact what is actually happening. Nurses cannot neglect EBP practice for it has long been established to have positive outcomes to patient care. It is really important that beliefs are converted into practice as practice provides better results compared to just believing.

Table 2 Organizational Culture and Readiness on Evidence-Based Practice among Nurses

EBP beliefs	Mean score	SD	Interpretation
1. My organization has a culture that supports clinicians to implement evidence-based practice.	4.05	.731	Agree
2. My organization has readily available resources to implement evidence-based practice.	3.94	.714	Agree
3. My organization provides EBP mentors to assist clinicians in implementing EBP.	3.95	.745	Agree
Grand mean	3.98	.636	Positive

Note: $n=256$.

Legend: A score of 1.00 to 1.80 is very negative (strongly disagree), 1.81 to 2.60 is negative (disagree), 2.61 to 3.20 is neither negative nor positive (neither agree nor disagree), 3.21 to 4.20 is positive (agree), and 4.21 to 5.00 is very positive (strongly agree).

The table reflects a finding that the nurses had a positive organizational culture and readiness on EBP. Supporting this finding, the nurses agree that their organization had a culture that supports clinicians to implement evidence-based practice. Further, they agreed that their organization had readily available resources to implement evidence-based practice. Lastly, they agreed that their organization provided EBP mentors to assist clinicians in implementing EBP. The finding implies that though it is already a positive finding, it can still be improved as the development of organizational culture and readiness cannot be perfectly attained, it is posed with several challenges. Implementation of an organizational culture is not only accomplished by the nurses. Healthcare is collaborative and interdisciplinary, while nurses are embracing the culture of EBP but other healthcare professionals or even non-healthcare professionals have their full heart in it. Nevertheless, gaining a finding of positive organization culture and readiness is a good start already. And this finding is indeed true to all institutions as nurses are already in the process of implementing EBP in their respective hospitals. However, there is much needed support from the administration to fully embrace EBP in the respective organizations. Human resource is not the only challenge that is posed in obtaining organizational culture. Availability of other resources may also influence this. Resources such as access to libraries or recent research studies may not be adequate to allow employees to use them in their practice. This challenge may also be influenced by the lack of financial resources to obtain such resources.

Similarly, results in the study of Cleary-Holdforth et al. (2022) demonstrated improved participant perceptions of the organizational culture and readiness for evidence-based practice of their workplaces between the first and second data collection points, indicating moderate movement towards a culture of evidence-based practice. Strengths, challenges and opportunities for improvement were identified. Also, participants in the evidence-based practice mentorship programme had a larger increase in perceived organizational culture and readiness for evidence-based practice and in evidence-based practice belief scores than those who did not participate. Results in the study of Cleary-Holdforth et al. (2021) revealed that clinicians, educators, and students reported varying perceptions of organizational support and readiness for EBP. Across all measures, higher scores indicated higher beliefs, implementation, and organizational culture and readiness for EBP.

Also, contrary to the findings, results in the study of Chala and Tilahun (2024) revealed that the overall hospital culture and readiness score for system-wide integration of evidence-based practice among nurses in six hospitals was equivocal. There was a need to engage all resources and increase leadership commitment to make evidence-based practice a hospital culture. It is important that if establishing organizational culture and readiness is a puzzle, all of the pieces should fit to solve the puzzle. Establishing a culture on EBP requires every member of the team to be on board. Support should be made available and that it should be reflected in both the strategic and operational plans of the organization. It should also be one of the goals or direction of the institution.

Table 3Implementation on Evidence-Based Practice among Nurses

EBP beliefs	Mean score	SD	Interpretation
1. I use evidence to improve patient outcomes in my healthcare setting.	4.39	.672	Strongly agree
2. I implement the steps of the EBP process in my practice.	4.25	.655	Strongly agree
3. I promote the use of EBP in my healthcare setting to improve outcomes.	4.38	.676	Strongly agree
Grand mean	4.34	.586	Very high

Note: $n=256$.

Legend: A score of 1.00 to 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 to 3.20 is moderate (neither agree nor disagree), 3.21 to 4.20 is high (agree), and 4.21 to 5.00 is very high (strongly agree).

The table shows that there was a very high implementation of evidence-based practice. Supporting the findings, the nurses strongly agreed that they used evidence to improve patient outcomes in their healthcare setting. Also, they strongly agreed that they implemented the steps of the EBP process in their practice. Lastly, they strongly agreed that they promoted the use of EBP in their healthcare setting to improve outcomes. This finding implies that indeed the nurses in their respective organizations are really implementing EBP. These nurses have knowledge about EBP and they know what benefits it will bring to their patients. This is not a surprising finding however considering that the concept of EBP has long been there already ever since 1980s. Nurses, prior to becoming professionals and registered, they have been given awareness and knowledge about EBP repeatedly. This perhaps explains why nurses are very supportive about EBP. As a result of the fact that nurses are already in the process of implementing evidence-based practice in their different hospitals, this conclusion is absolutely applicable to all the institutions. On the other hand, the administration must provide the assistance that is needed in order for the respective organizations to completely adopt EBP.

IEBP improved quality healthcare and client outcomes in the care setting like reducing patient pain, hospital stay and ulcers due to pressure (Doran et al., 2014). In the study of Dagne and Beshah (2021), nurses and midwives perceived that implementation of evidence-based practice is the use of research findings, guidelines,

hospital protocols, books, and expert experience in clinical decision-making practice. However, there was limited support for the implementation of evidence-based practice by nurses and midwives. The lack of knowledge and skill to use evidence like research findings, time mismanagement, the lack of motivation, the lack of resources and training were the perceived barriers to the implementation of evidence-based practice. Stick to the traditional practice due to lack of incentive and unclear job description between diploma and BSc nurses and midwives were the perceived causes of the lack of motivation. Contrary to the findings, in the study of Abu-Baker et al. (2021) revealed that respondents reported a much lower implementation score. Respondents who received EBP training reported significantly higher total belief and implementation scores than those who did not. It is true that in order to attain high levels of implementation on EBP, awareness and knowledge should be addressed first along with establishing positive or very high beliefs. This is then followed by establishing a culture and readiness, once these are established, the implementation will become easy. This also means that challenges should be addressed.

Table 4 Relationship between Beliefs and Implementation on Evidence-based Practice

Variables	r value	p value	Decision	Interpretation
Beliefs vs. implementation on evidence-based practice	.652	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Implementation on Evidence-based practice. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and -.3 is weak (negative), between -.3 and -.5 is moderate (negative), and less than -.5 is strong (negative).

The table shows that beliefs and implementation on EBP were significantly correlated as reflected by the p value of .000 which was lesser than the significant value of .005. This was interpreted as significant leading to the decision of rejecting the null hypothesis. Looking at the r value, the correlation was strong positive. This finding implies that the more positive the belief on EBP, the higher the implementation on EBP. Indeed, belief influences implementation. If one believes on something, he or she will cooperate in its implementation as he or she has appreciation of its benefits. Belief somehow includes gaining knowledge already, the person believes on something after having gained awareness or knowledge about it and is therefore ready to implement such.

Supporting this finding, results in the study of Yoo et al. (2019) revealed that EBP knowledge, beliefs, and organizational readiness were significantly positively correlated with EBP implementation. In the final model, EBP knowledge and organizational readiness were significant predictors of EBP implementation; the model predicted 22.2 percent of the variance in implementation. Contrary to the findings, in the study of Abu-Baker et al. (2021) revealed that there was no significant relationship between the total score of EBP belief and the total score of EBP implementation. Also, the results in the study of Ferrer and Baliton (2023) showed that nurses' knowledge of evidence-based practice is a highly significant predictor of evidence-based practice implementation. Nurses should be able to gain positive or very high belief about EBP and this is not a question really considering that nurses know their roles and the role of EBP in their practice. By doing so, they will be able to implement EBP.

Table 5 Relationship between Organizational Culture and Readiness and Implementation on Evidence-based Practice

Variables	r value	p value	Decision	Interpretation
Organizational culture and readiness vs. implementation on evidence-based practice	.653	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Implementation on Evidence-based practice. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive),

between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The table shows that organizational culture and readiness and implementation on EBP were significantly correlated as reflected by the p value of .000 which were lesser than the significant value of .005. This was interpreted as significant leading to the decision of rejecting the null hypothesis. Looking at the r value, the correlation was strong positive. Establishing an organizational culture of EBP and readiness influences implementation. It is important to implementing EBP. Once the belief is established and culture is developed, nurses are ready for its implementation. Supporting the findings, results in the study of Cardoso et al. (2021) revealed moderate and statistically significant relationship between: evidence-based practice beliefs and implementation; and evidence-based practice beliefs and organizational culture and readiness for school-wide integration of evidence-based practice. Between evidence-based practice implementation and organizational culture and readiness for school-wide integration of evidence-based practice, there was a small relationship.

Also, the final structural equation model found that EBP culture and mentorship were key variables that positively impacted EBP knowledge, beliefs, competency, implementation, job satisfaction, and intent to stay among nurses (Melnyk et al., 2021). This can also be related to the previous table. This is not really a question because nurses are aware of their tasks and the function that EBP plays in their practice, thus it is reasonable to assume that they should be able to develop a positive or extremely high belief about evidence-based practice (EBP). Doing so will allow them to put evidence-based practice into action. And before they can put it into action, it is important that through their beliefs they are also able to establish organizational culture and readiness prior to implementation. The three variables are interrelated with each other.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In conclusion, implementation of evidence-based practice is influenced by beliefs and organizational culture and readiness. This means that as the belief in evidence-based practice and organizational culture and readiness increases, it also increases the implementation of evidence-based practice. The finding of the study is an affirmation of the IOWA Model of EBP where the entire healthcare system of the respective institutions implemented and guided their practice decisions based on best available research and evidence which involved essential steps to the implementation, where the prior steps encompass the beliefs and culture and readiness prior to its implementation in the organization. Consequently, under the ARCC Model, the different institutions were guided by this model to promote EBP sustainability and system-wide deployment including the organizational evaluation of the culture and readiness for EBP. To address the findings of the study, an evidence-based implementation sustenance plan was proposed.

Recommendations

With the foregoing findings, the following recommendations were given:

Nursing Practice. To sustain the high levels of implementation of EBP among the different institutions, the developed EBP implementation sustenance plan is recommended for use and adoption in the respective institutions. Other institutions may also adopt as they deemed it proper and applicable. Prior to the adoption of the output, a special meeting shall be called for in the respective institutions to be participated by the nursing department and the hospital administrators to discuss the findings of the study.

Nursing Policy. It is also high time that policies on evidence-based practice be strengthened in healthcare institutions, incorporating different activities as part of the continuous improvement policies as may be regulated by appropriate regulating agencies such as the Department of Health. Internal policies may also be created to place EBP practice at the core not just with nurses but all employees.

Nursing Education. The study findings can be a very good source of information serving as a reference in studies relating to evidence-based practice in the field of healthcare. Further, the entire study can serve as an

educational material serving as a reference in discussing research making including the methodology, statistics, and ethics in research.

Nursing Research. To ensure dissemination of the research findings, the study is intended for submission for either oral presentation or poster presentation in any local or international research congress. It shall also be submitted for publication in a peer-reviewed journal either local or international.

To further ensure the cycle of research, the findings of the study may trigger budding research such that the following research titles are suggested for future studies:

- Barriers to implementation of evidence-based practice among nurses;
- Convergent parallel analysis on the implementation of evidence-based practice among nurses; and
- A comparative analysis on the beliefs, organizational culture and readiness, and implementation of evidence-based practice.

Evidence-Based Practice Implementation Sustainable Plan

Rationale

The use of evidence-based practice is absolutely necessary in order to improve the quality of health care, continuing education for professionals, and cost-effective health services. On the other hand, the implementation of evidence-based practice is impacted by a wide variety of circumstances. When it comes to clinical practice, the implementation of evidence-based practice is absolutely necessary. Utilizing the most recent evidence is an important function that nurses play. On the other hand, the utilization of current evidence in clinical decision-making practice is hampered by the inadequate support and restrictions that are placed on the implementation of evidence-based practice. Findings of the study revealed that there was a very high belief on EBP, the organization culture and readiness was high and that the implementation was very high. With the positive findings of the study, it is therefore fitting that these findings be sustained.

General Objectives

The main purpose of this plan is to sustain the very high levels of beliefs and implementation of EBP and further increase the organizational culture and readiness on EBP among nurses.

Specific Objectives

Specifically, this plan aims to achieve the following specific objectives:

- To further increase from high to very high organizational culture and readiness on EBP among nurses;
- To sustain the very high levels of beliefs on EBP among nurses; and
- To sustain the very high implementation of EBP among nurses.

Concerns	Specific Objectives	Activities	Persons Responsible	Resources	Time frame	Success Indicators
Organizational culture and readiness needing to be further increased from positive to very positive.	To further increase from high to very positive organization al culture and readiness on	Personally-initiated activities: Read articles and view videos about	- Staff Nurses - Head Nurses - Nurse Supervisors - Chief Nurse	- Internet connectivity . - Desktop, laptop, tablets, or android	First quarter of 2025.	- Saved articles and videos. - Certificates of participation or attendance

	EBP among nurses.	evidence-based practice in nursing. - Attend seminars or updates on EBP. Hospital-initiated activities: - Create a Facebook group for the nursing service department to be used as a medium for posting EBP updates. - Create a Nursing EBP Committee that will spearhead EBP activities and will convene monthly to discuss EBP issues. - Celebrate EBP week where specific activities are lined-up for the entire week. - Conduct a hospital-wide research congress to give opportunities for presentatio	- HRDM - Hospital administrators	phone. - Budgetary requirements for seminars or trainings (Php 5,000.00 per activity). - Facebook account. - Budgetary requirements for the celebration of EBP week (Php 10,000.00). - Budgetary requirements for the research Congress (Php 20,000.00). - Instrument to measure organizational culture and readiness on EBP.		to seminars and trainings. - Evaluation for the Celebration of EBP week. - Evaluation for the Research Congress. - Facebook group created. - Created Nursing EBP Committee members. - Minutes of meetings. - Re-assessment result – Very positive organizational culture and readiness on EBP among nurses.
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		n of research outputs among nurses. • Conduct a seminar on EBP in Nursing, Trend and Updates. • Conduct periodic meetings to discuss EBP concerns. • Re-assess the organizational culture and readiness on EBP using the same instrument for six months following the implementation of this plan.				
The need to sustain the very positive beliefs on EBP.	• To sustain the very positive levels of beliefs on EBP among nurses.	Personally-initiated activities: • Read articles and view videos about evidence-based practice in nursing. • Attend seminars or updates on EBP Hospital-initiated activities: • Conduct	• Staff Nurses • Head Nurses • Nurse Supervisors • Chief Nurse • HRDM • Hospital administrators	• Internet connectivity . • Desktop, laptop, tablets, or android phone. • Budgetary requirements for seminars or trainings (Php 5,000.00 per activity). • Instrument to measure beliefs on EBP.	• First quarter of 2025.	• Saved articles and videos. • Certificates of participation or attendance to seminars and trainings. • Minutes of meetings. • Re-assessment result – Very positive beliefs on EBP among

		seminars and workshops in relation to evidence-based practice in nursing and healthcare. • Conduct meetings periodically. • Re-assess the beliefs on EBP using the same instrument six months following the implementation of this plan.				nurses.
The need to sustain the very high level of implementation of EBP.	• To sustain the very high implementation of EBP among nurses.	Personally-initiated activities: • Read articles and view videos about evidence-based practice in nursing. • Attend seminars or updates on EBP Hospital-initiated activities: • Provide a space in the bulletin board of the Nursing Service Department	• Staff Nurses • Head Nurses • Nurse Supervisors • Chief Nurse • HRDM • Hospital administrator • PNA, ANSAP, etc.	• Internet connectivity . • Desktop, laptop, tablets, or android phone. • Bulletin Board. • Budget for acquisition of EBP resources (journal subscription and books or online resources) (Php 25,000.00) • Budget for the case presentation (Php 5,000.00) • Instrument	• First quarter of 2025.	• Saved articles and videos. • Certificates of participation or attendance to seminars and trainings. • Updated Bulletin Board. • Obtained books, journals and online sources for EBP. • Minutes of the journal sharing • Evaluation of the nursing case presentation

		t updates on research studies in relation to nursing as sources of EBP. • Obtain resources for EBP like books, online sources, and subscription to journals. • Conduct a quarterly journal sharing. • Conduct a nursing case presentation semi-annually. • Coordinate with accredited professional organization (PNA) as well as especially organizations (ANSAP) on the conduct of different activities relating to evidence-based practice. • Conduct meeting with nursing department discussing issues and updates on		to measure implementation on EBP.		. • Minutes of meetings. • Re-assessment result – Very high implementation on EBP among nurses.
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		EBP. Re-assess the implementation of EBP using the same instrument six months following the implementation of this plan.				
Beliefs and organizational culture and readiness being significantly correlated with implementation of EBP.	To sustain the very high levels of belief, organizational culture and readiness, and implementation of EBP.	Note: All activities cited in the first, second, and third concerns are applicable here.	- Staff Nurses - Head Nurses - Nurse Supervisors - Chief Nurse - HRDM - Hospital administrators	Note: All resources cited in the first, second, and third concerns are applicable here.	First quarter of 2025.	Note: All success indicators cited in the first, second, and third concerns are applicable here.

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