



INTEGRATING EVIDENCE-BASED PRACTICES TO IMPROVE PATIENT OUTCOMES IN ACUTE CARE SETTINGS

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Abstract

Evidence-Based Practice (EBP) plays a critical role in enhancing the quality and safety of patient care, particularly in acute care settings where rapid and accurate clinical decision-making is essential. However, despite its well-established benefits, the integration of EBP among nurses often varies due to individual, contextual, and organizational barriers. This study aimed to assess nurses' knowledge, attitudes, and practices related to EBP in acute care settings and to examine the relationship between EBP implementation and patient outcomes. A descriptive cross-sectional survey was conducted among 85 registered nurses working in the acute care units of a tertiary hospital. Data were collected using a structured questionnaire and analyzed using Microsoft Excel. Descriptive statistics and inferential tests were employed in the analysis. The findings revealed that nurses had moderate EBP knowledge (22.14 ± 4.36), highly positive attitudes (34.71 ± 5.02), and moderate levels of EBP practice (19.85 ± 3.90). Educational qualification was significantly associated with EBP practice ($p = 0.02$), and nurses in ICU/HDU units demonstrated higher practice scores compared to those in general units ($p = 0.01$). Specialty categories such as Adult Health, Neonatal, and Geriatric/Gerontological Nursing were also examined; however, no significant association was found between specialty area and EBP practice. A strong positive correlation was found between EBP practice and patient outcomes ($r = 0.71, p < 0.001$). Overall, the results highlight the need to enhance organizational support, training, and facilitation to strengthen EBP adoption among nurses and thereby improve patient outcomes in acute care environments.

Keywords: Evidence-based practice, acute care, nursing practice, patient outcomes, organizational support, clinical decision-making

1. Introduction

Evidence-based practice (EBP) is a vital part of nursing that has changed the face of nursing greatly, EBP has become the lifeblood of nursing in acute care settings, where decisions have to be made quickly but at the same time, they have to be accurate and research-informed to enhance patient safety and clinical outcomes. Acute care areas like intensive care units, emergency departments, and high-dependency units are the places where the nurses' clinical judgment needs to be at its peak, intervention has to be done immediately, and the nurses must follow the evidence-based guidelines to the letter. Vottero (2022) states that in such complex clinical ecosystems, EBP is the factor that ensures that nursing interventions are supported by evidence which is the best available, clinical expertise, and patient preferences, hence quality, efficiency, and safety are made better. The inclusion of EBP in nursing practice has been a global priority especially in acute care units and it is the foundation upon which quality health care is built in keeping with patient-centered outcomes. Acknowledging the advantages of EBP, still, a research paper is published regularly pointing to the different levels of variation that exist in the adoption of EBP practice among nurses in different clinical settings. Fu et

al. (2020) research results suggest that nurses may be well-informed regarding EBP, however, the level of their competence differs largely depending on their educational qualification, training, and support from the organization. Bankole et al. (2022) are of the same opinion that nurses usually demonstrate that they have positive attitudes toward the importance of evidence-based care; however, the actual performance of EBP is still discontinuous, most especially in a situation where there is a need for prompt action such as acute care units. These inconsistencies call out loud that the understanding of the issues related to the EBP integration in such settings should be even more profound.

A large number of studies have revealed that obstructions to the implementation of EBP have different categories that are effects at levels of the organization, directly on individuals, such as lack of training and limited research review skills, and at a broader level, issues of time constraints, lack of managerial support, and absence of updated sources of evidence (Pitsillidou et al., 2020; Alatawi et al., 2020). Crawford et al. (2023) point out that the readiness for EBP is very much dependent upon the organizational atmosphere and the availability of support resources like facilitation, leadership involvement, and planned educational programs. The evidence in the study reveals that even when nurses are highly motivated for EBP, the presence of system-level obstacles may prevent them from fully realizing this practice. Non-application of evidence-based interventions in acute and critical care can lead to serious consequences. The compliance of frontline nurses with evidence-based guidelines has been demonstrated to be the most significant factor in the occurrence of ICU-related complications, medication errors, clinical delays, and hospital stays (Danielis et al., 2022; Xu et al., 2024). When nurses are able to implement best-practice protocols such as clinical pathways, early warning systems, and standardized care bundles, the patient outcomes elevate drastically, e.g., reduced complications, fewer adverse events, and shortened recovery periods (Rotter et al., 2019). Hence, it is of great significance to know how nurses have EBP integrated into their daily practice if the standards in acute care are to be lifted.

Leadership and healthcare organizational structures are the primary factors that can promote EBP adoption. According to Sebire et al. (2025) and Li et al. (2019), nurse managers influence the effectiveness of EBP implementation to a great extent by changing the culture of the work environment, providing training opportunities, and lessening the barriers of the context. The PARIHS framework, in fact, goes beyond this idea by pointing out that evidence, context, and facilitation are the three main factors that determine the success of an EBP implementation (Rycroft-Malone et al., 2013). These are particularly relevant, in acute care environments, where quick decision-making and coordinated team-based interventions are of utmost importance. The requirement of EBP strengthening is also clearly pointed out by nursing education trends all over the world. According to Horntvedt et al. (2018), proper EBP teaching during nursing education is instrumental in the development of skills, research literacy, and prolonged compliance with evidence-based standards. Nevertheless, due to the heavy clinical workloads in acute care and the absence of well-planned EBP engagement activities, there are still gaps between the theoretical knowledge and the practical application (Hashish & Aly, 2020). This, in turn, highlights the necessity of evaluating nursing practices in the real world to provide the correct interventions and organizational strategies that will lead to EBP adoption.

It is very necessary to find out how nurses use evidence-based practice in their daily work in acute care units and how this usage affects the patients' health within the wider framework of the promotion of evidence-based healthcare. It is worth noting that knowledge, attitudes, and practices of nurses not only uncover the existing resources and deficits but also pinpoint the changes at the organizational level needed to empower EBP implementation to become a routine. These revelations are vital for medical organizations that want to improve the quality of the care delivered, to lower the rate of avoidable complications and to create an atmosphere of continuous development that has evidence as its foundation.

Objectives

1. To assess the levels of knowledge, attitude, and practice regarding evidence-based practice among nurses working in acute care settings.
2. To determine the relationship between EBP implementation and patient outcomes as perceived by nurses in acute care units.
3. To identify demographic and organizational factors associated with variations in EBP adoption among nurses.

2. Methodology

2.1 Research Design

The research used descriptive cross-sectional survey design to examine how nurses have integrated evidence-based practices (EBP) and the extent to which EBP has influenced patient outcomes in a hospital setting. The survey design was used as it facilitates the process of gathering data in a short period from a large group of nurses thus giving an up-to-date snapshot of EBP-related knowledge, attitudes, and practices. The design is in line with the directive of the Indian Nursing Council that focuses on research leading to quality care, clinical decision-making, and evidence-based nursing practice.

2.2 Research Setting

The research took place in the acute care units of a tertiary care hospital in India. Such units were the intensive care unit (ICU), high-dependency unit (HDU), emergency department, and medical-surgical wards, to which patients with complex clinical conditions are commonly admitted and require continuous monitoring and quick intervention. The surroundings matched the research as acute care settings necessitate the frequent application of evidence-based interventions.

2.3 Study Population

The sampled population consisted of registered nurses who provide frontline bedside care in the acute care units of the hospital. These nurses were selected because they play a central role in implementing evidence-based practices and significantly influence patient outcomes through continuous monitoring, clinical decision-making, and adherence to care protocols. As they are routinely involved in patient assessment, protocol application, and evaluation of clinical responses, they represent the most appropriate group for assessing the level of EBP integration and its impact on patient care. In this study, the population included nurses from various specialty areas: Neonatal Nursing, Adult Health Nursing, and Geriatric/Gerontological Nursing to capture a comprehensive understanding of EBP practices across different acute care domains.

2.4 Sample Size and Sampling Technique

The study selected 85 registered nurses as a representative sample. The number of the sample was decided after considering the conditions under which the study could be conducted, how easily the participants could be reached and what the minimum number was to be able to get results with statistical significance for a survey-based nursing research. To take into account the changing shifts of nurses and the necessity of gathering data without interfering with patient care, a convenience sampling method was employed. Nurses who were present and eager to take part in the study during the data collection time were the ones selected.

2.5 Inclusion and Exclusion Criteria

The study involved registered nurses who have been working in acute care units for at least six months and were willing to give their informed consent. To make sure that the data represented real EBP activities in the acute clinical environment, the following were excluded: nurses on long-term leave, student nurses, interns, and those who were not directly engaged in bedside care.

2.6 Conceptual Framework

The study was directed by the PARIHS (Promoting Action on Research Implementation in Health Services) framework that argues that effective EBP implementation is a result of the interaction of the three main components: evidence, context, and facilitation. In essence, the framework served as a foundation for developing the survey and analyzing the data, thus enabling the researcher to assess the effect of organizational culture, leadership support, and facilitation resource availability on the implementation of EBP in acute care nursing practice.

2.7 Data Collection Tool

Data were obtained using a structured, self-administered questionnaire consisting of four sections: demographic information, an EBP knowledge scale, an attitude and practice scale, and nurse-perceived patient outcome indicators. The tool assessed domains such as familiarity with research evidence, frequency of applying EBP guidelines, perceived barriers to implementation, and observed improvements in patient outcomes such as reduced complications, enhanced safety, and timely interventions. Content validity was established by five experts in nursing research, and the reliability of the tool was confirmed through a pilot study, yielding a Cronbach's alpha of 0.82.

2.8 Data Collection Procedure

Data collection took place during four weeks following the acquisition of approval from the institution. The nurses were approached while they were changing their shifts, and the study's purpose was explained to them. Those who wished to take part in the study were given the questionnaire and were guaranteed that their identities would not be revealed, that the information would be kept confidential and that consent to participate was voluntary. Filled-out questionnaires were deposited by participants in a locked container located at the nursing station to guarantee privacy and decrease the possibility of response bias.

2.9 Ethical Considerations

Study adhered to the ethical principles outlined by the Indian NMC. Participants who were involved in the study were given the necessary information regarding the purpose, advantage, and likely risk of the study, and they provided written consent. To ensure confidentiality, no personal identifiers were used, and the participants were given the assurance of their freedom to discontinue the study at any time without facing any repercussions.

2.10 Data Analysis

Data gathered were systematically arranged and analyzed through Microsoft Excel. Descriptive statistics such as frequency, percentage, mean, and standard deviation were employed to present demographic characteristics and to measure the levels of EBP knowledge, attitudes, practices, and perceived patient outcomes of the nursing staff. Moreover, to locate relationships and associations between variables, inferential statistical tests like the Pearson correlation coefficient, Chi-square test, and independent t-test were used appropriately. The threshold for significance was set at a statistical level of $p < 0.05$.

3. Results

3.1 Demographic Characteristics of Participants

A total of 85 nurses participated in the study. Most were within the young to mid-career age groups and held professional nursing qualifications appropriate for acute care practice. The average clinical experience reflected a moderately skilled workforce. Participants represented three major specialty categories: Adult Health Nursing, Neonatal Nursing, and Geriatric/Gerontological Nursing providing a diverse clinical perspective on evidence-based practice. A substantial proportion of nurses were employed in ICU and HDU settings, while others worked across emergency and medical-surgical units. These demographic characteristics are summarized in Table 1.

Table 1. Demographic Characteristics of Participants (N = 85)

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	<25	17	20.0
	26–35	46	54.1
	36–45	22	25.9
Qualification	GNM	29	34.1
	B.Sc. Nursing	45	52.9
	Postgraduate	11	12.9
Clinical Experience	Mean $\pm$ SD	6.42 $\pm$ 3.15 years	-
Specialty Category	Adult Health Nurse	45	52.9
	Neonatal Nurse	22	25.9
	Geriatric/Gerontological Nurse	18	21.2
Unit of Work	ICU/HDU	51	60.0
	Emergency	18	21.2
	Medical–Surgical	16	18.8

Table 1 illustrates the demographic profile of the participating nurses, showing that most belonged to the 26–35 year age group, held a B.Sc. Nursing qualification, and were working primarily in critical care units. The sample also reflected representation from Adult Health, Neonatal, and Geriatric/Gerontological nursing specialties. These values are further represented in the Figure 1.

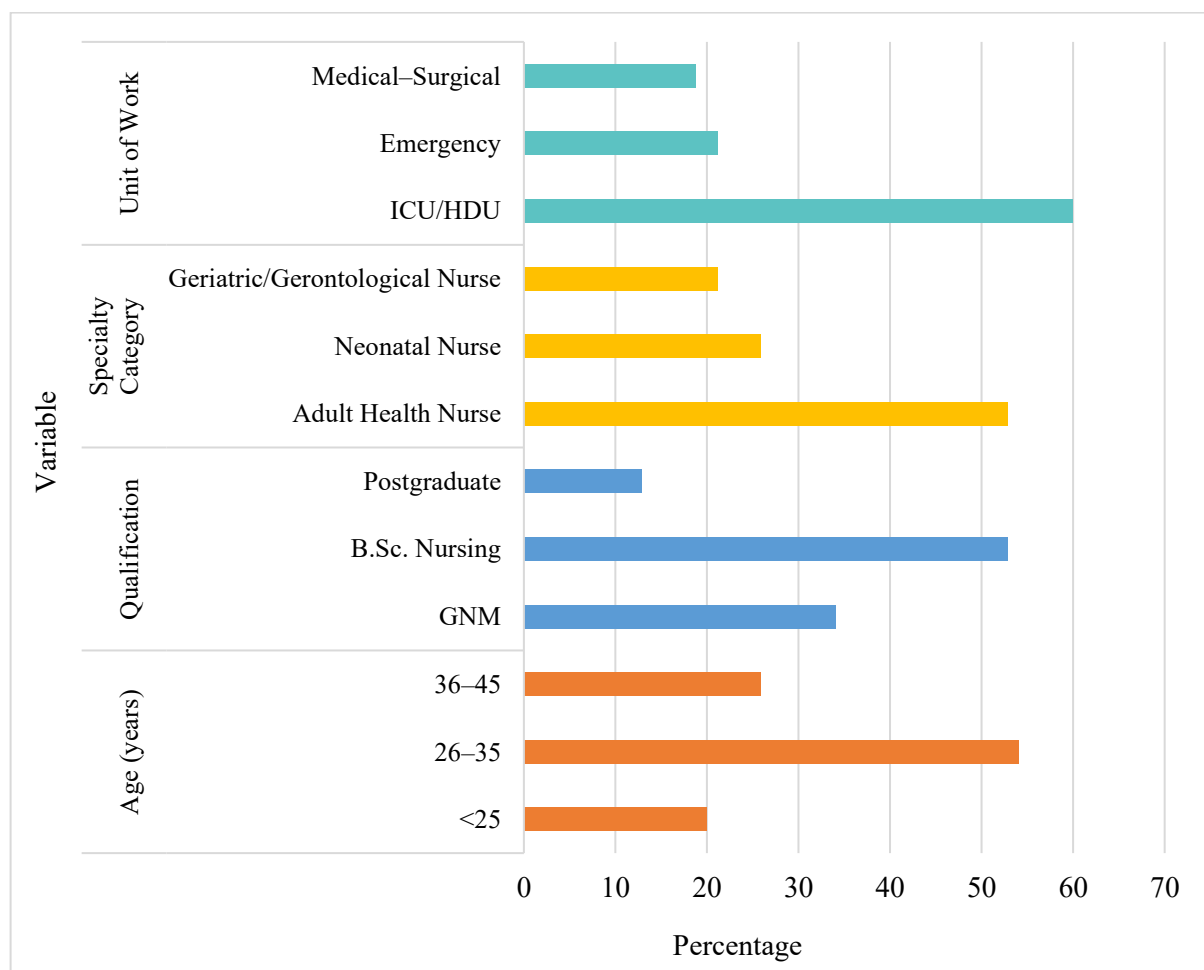
**Figure 1.** Demographic Distribution of Participating Nurses

Figure 1 visually depicts the distribution of nurses across age groups, educational qualifications, specialty categories, and units of work.

3.2 EBP Knowledge, Attitudes, and Practices

The findings revealed that nurses demonstrated moderate to high levels of EBP knowledge, with a mean knowledge score of 22.14 ± 4.36 . Attitudes toward EBP were predominantly positive, with 78% of nurses agreeing that EBP improves decision-making and patient safety. The mean attitude score was 34.71 ± 5.02 . However, EBP practice varied among participants: 48% reported regularly using EBP guidelines, 36% used them occasionally, and 16% rarely applied them. The mean practice score was 19.85 ± 3.90 , indicating a moderate level of EBP implementation. Descriptive statistics for these variables are presented in Table 2, while Figure 2 visually compares the mean scores.

Table 2. Descriptive Statistics of EBP Knowledge, Attitude, Practice, and Patient Outcomes

Variable	Mean	SD
EBP Knowledge Score	22.14	4.36
EBP Attitude Score	34.71	5.02
EBP Practice Score	19.85	3.90

Table 2 summarizes the descriptive statistics of EBP knowledge, attitude, and practice scores. The results indicate moderate knowledge, highly positive attitudes, and moderate implementation of EBP among nurses.

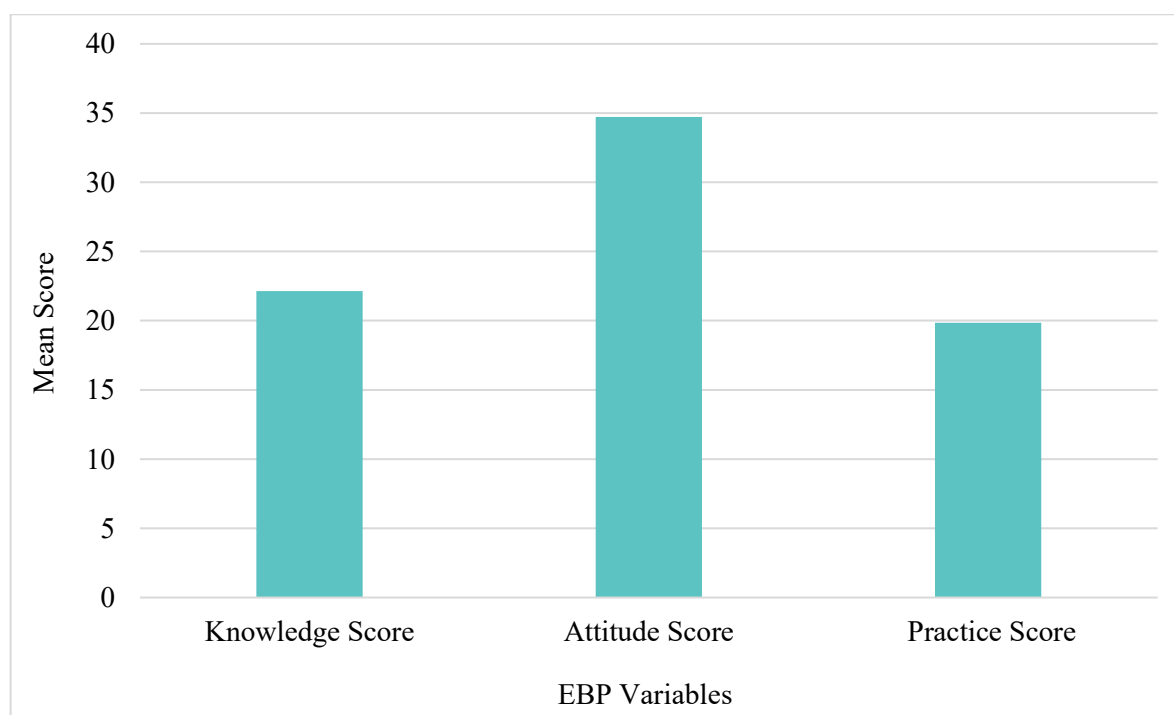


Figure 2. Levels of EBP Knowledge, Attitude, and Practice

Figure 2 provides a visual comparison of the mean scores, clearly showing that nurses scored highest in EBP attitude, followed by knowledge and then practice.

3.3 Nurse-Perceived Patient Outcomes After EBP Integration

Nurses reported noticeable improvements in patient outcomes following the integration of EBP. A total of 72% perceived a reduction in preventable complications, 69% observed improvements in timely interventions, 65% reported enhanced patient satisfaction, and 58% noted reduced length of stay. The mean patient outcome score was 27.63 ± 4.88 . These perceptions are illustrated in Figure 3.

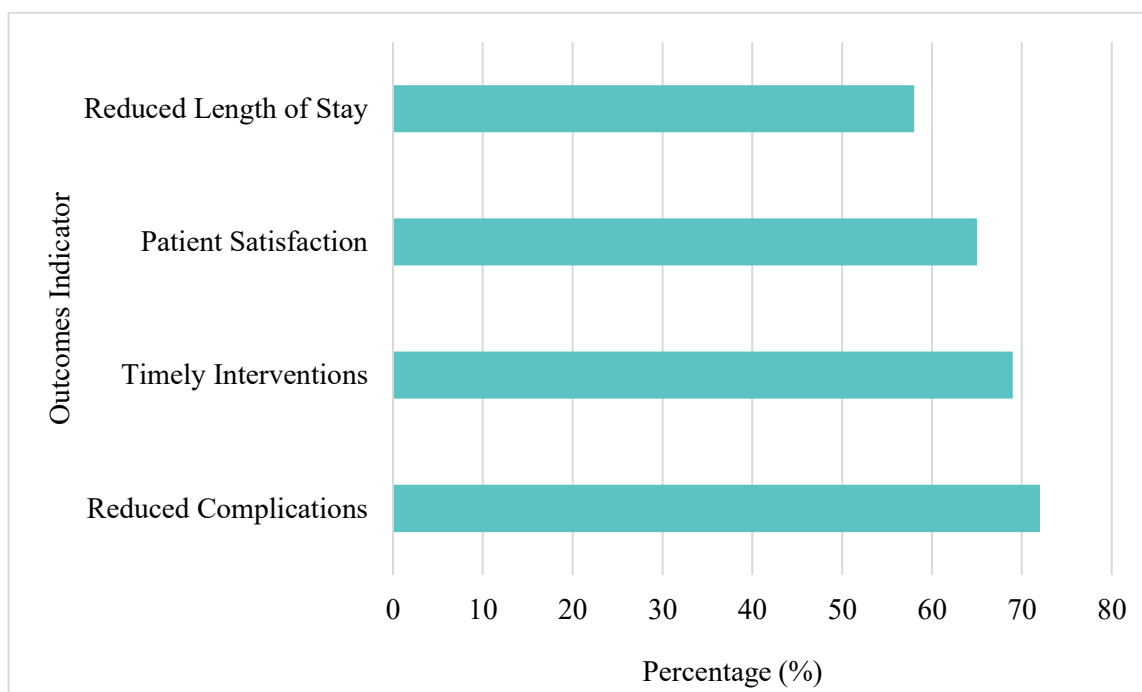


Figure 3. Perceived Improvement in Patient Outcomes

Figure 3 illustrates the nurse-reported improvements in patient outcomes after EBP integration, showing the highest reported improvement in reduced complications and timely interventions.

3.4 Association Between Demographic Variables and EBP Practice (Chi-Square Test)

Chi-square analysis identified a statistically significant association between educational qualification and EBP practice ($\chi^2 = 12.41$, $p = 0.02$). No significant associations were observed for age, clinical experience ($p > 0.05$) and specialty category. The findings of chi-square test are given in Table 3.

Table 3. Chi-Square Test Between Demographic Variables and EBP Practice

Variable Tested	χ^2 Value	p-Value	Interpretation
Qualification $\times$ EBP Practice	12.41	0.02	Significant
Age $\times$ EBP Practice	4.18	0.24	Not Significant
Experience $\times$ EBP Practice	3.57	0.31	Not Significant
Specialty Category $\times$ EBP Practice	1.89	0.755	Not Significant

These findings indicate that while educational qualification influenced EBP practice, age, experience, and specialty category did not demonstrate meaningful differences in EBP implementation.

3.5 Difference in EBP Practice Based on Unit

An independent t-test showed that nurses working in ICU/HDU units had significantly higher EBP practice scores (mean = 20.54 ± 3.72) than nurses in general units (mean = 18.23 ± 4.05), with the difference being statistically significant ($t = 2.64$, $p = 0.01$), as shown in Table 4.

Table 4. Independent t-Test Comparing EBP Practice Between Units

Unit Group	Mean	SD	t-Value	p-Value
ICU/HDU Nurses	20.54	3.72	-	-
General Acute Care Nurses	18.23	4.05	2.64	0.01*

Table 4 demonstrates that nurses working in ICU/HDU settings had significantly higher EBP practice scores compared to those in general acute care units.

3.6 Correlation Between EBP Practice and Patient Outcomes

Pearson correlation analysis revealed a strong positive correlation between EBP practice and perceived patient outcomes ($r = 0.71$, $p < 0.001$). This relationship is depicted conceptually in Figure 4 and summarized in Table 5.

Table 5. Pearson Correlation Between EBP Practice and Patient Outcomes

Variables	Correlation Coefficient (r)	p-Value	Interpretation
EBP Practice ↔ Patient Outcomes	0.71	< 0.001	Strong Positive Correlation

Table 5 highlights a strong, positive, and statistically significant correlation between EBP practice and patient outcomes, indicating that higher EBP usage is associated with better clinical outcomes.

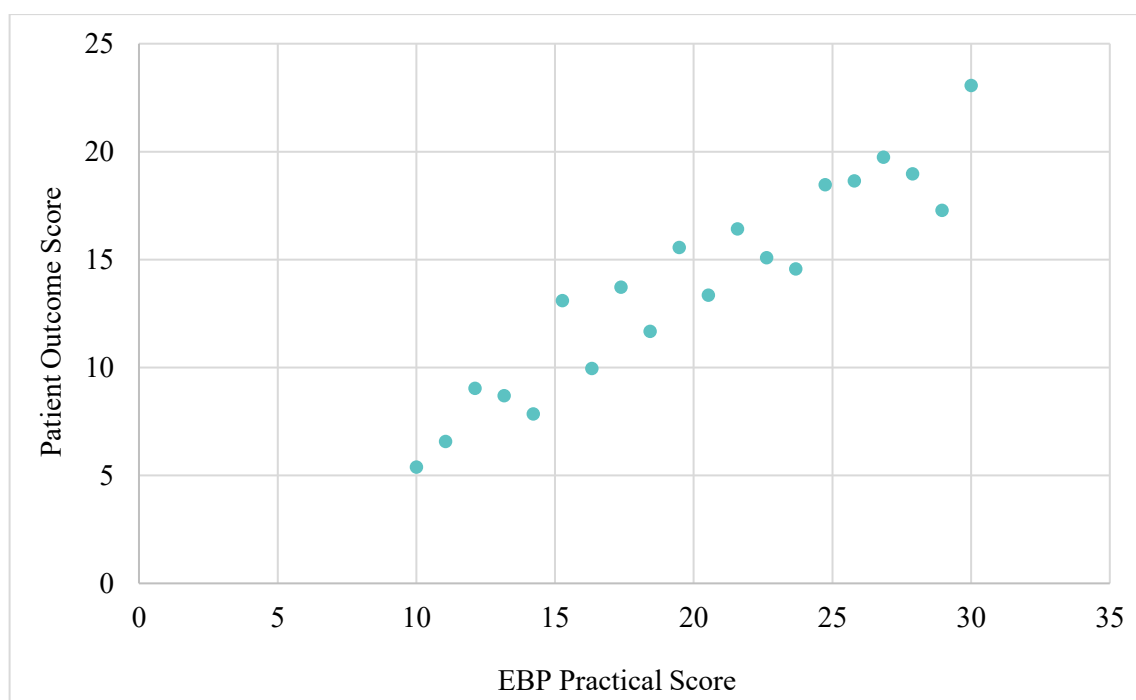


Figure 4. Correlation Between EBP Practice and Patient Outcomes

Figure 4 visually represents the positive relationship between EBP practice scores and patient outcome scores, showing a clear upward trend consistent with the strong correlation value ($r = 0.71$).

The overall results demonstrate that although nurses possessed good knowledge and favorable attitudes toward EBP, actual practice varied across units. Strong positive correlations indicated that higher EBP implementation significantly improved patient outcomes. These findings underscore the importance of organizational support, staff training, and structured facilitation to enhance EBP adoption in acute care settings.

4. Discussion

The findings of this research reveal that nurses in acute care settings moderately demonstrated knowledge and practice of evidence-based practice (EBP), but their attitudes toward evidence-based decision-making were highly positive. It was found that almost half of the nurses involved in the study were regularly applying EBP guidelines, however, the differences between the units indicate that factors related to the environment such as workload, leadership support, and access to evidence influence EBP integration. The intense positive correlation between EBP practice and patient outcomes is, therefore, a further indication that EBP interventions are the main contributors to clinical safety, lessening of complications and patient satisfaction improvement. The demographic

characteristics especially education and unit type were the main predictors of EBP practice. The nurses with higher qualifications and those working in ICUs/HDU were better EBP implementation, probably because they had more exposure to complex cases, standardized care pathways, and critical care protocols which are dependent on the current evidence. In contrast, specialty category analysis showed no significant association between specialty area and EBP practice, suggesting that specialty-specific roles did not meaningfully influence how frequently nurses engaged in EBP.

The current results are consistent with a large amount of published research. Just as Sebire et al. (2025) suggested in their findings, nurse managers and clinical staff decision-making based on leadership, contextual readiness, and organizational factors were most influenced. The moderate knowledge and practice levels of variation found here correspond with the data of Fu et al. (2020), who found that nurses generally understand EBP principles, but are inconsistently implemented due to workload demands and limited research accessibility. Furthermore, the present study's impediments of time shortage, lack of training, and change resistance that have been acknowledged in earlier publications, such as Pitsillidou et al. (2020) and Alatawi et al. (2020), are closely supported by them. Indeed, the good attitudes in nurses are also reflected in the study of Bankole et al. (2022), where the authors found that motivation exists but needs to be supplemented by continuous education and organizational facilitation. The strong positive correlation between the practice of EBP and patient outcome improvement echoes the results of Danielis et al. (2022) and Xu et al. (2024), who argued that evidence-based interventions, especially in the acute and critical care settings, lead to fewer complications and faster recovery. Besides, Huo et al. (2024) also argued that a supportive organizational climate encourages EBP behaviours, which is in agreement with the linkage found in this study. The non-significant association between nursing specialty and EBP practice also suggests that organizational systems and environmental factors may have a greater influence on EBP engagement than the specialty role itself (Crawford et al., 2023; Huo et al., 2024).

The findings of the research were largely in agreement with the core elements of the PARIHS framework: Evidence, Context, and Facilitation. The favorable attitudes towards EBP and sufficient knowledge are indicative of the evidence component. The significant impact of unit type and education level on EBP practice is in line with the context dimension, which deals with environment, workload, and leadership as factors influencing implementation, according to Rycroft-Malone et al. (2013). The lack of significant influence of specialty category further suggests that contextual variables may overshadow specialty-based differences in shaping EBP behaviors. Lastly, the association between EBP practice and clinical outcomes is a reflection of the facilitation component, which, among other things, points to the necessity of training, mentorship, and structural support, elements that have been confirmed in the works of Lavenberg et al. (2019) and Crawford et al. (2023). One of the main strengths of this research is the employment of a validated questionnaire. Besides, it is limited to the acute care sector, which is the most essential area for the application of EBP in the improvement of patient outcomes. The presence of only those nurses who are directly involved in patient care makes the findings more relevant and accurate. Nonetheless, limitations of the study have been identified. Convenience sampling may restrict the generalizability of the findings, as the study was based on self-report data that might have led to response bias or overestimation of EBP behaviors. Besides, the cross-sectional design here is used for the moment, thus it is impossible to establish a cause-effect relationship between EBP and patient outcomes. These results come from a single tertiary care hospital, so the application of the study is limited to other healthcare institutions in India.

The results highlight the imperative of well-organized EBP training programs, easier access to research databases, and more robust leadership support for evidence-based decision-making. Nurse competence building and organizational EBP culture strengthening being instrumental to patient outcome improvement is in line with the views of Dang et al. (2021) and Vottero (2022). Securing time for EBP activities and integrating EBP competencies in performance evaluations can go a long way toward practice consistency across units. Furthermore, given the absence of significant specialty-based differences, interventions designed to promote EBP should target organizational and contextual enhancements rather than specialty-specific modifications.

Subsequent research ought to investigate EBP adoption effects using longitudinal designs eventually patient outcomes being the focus of the study. The findings would be more generalizable if there were a multi-centre study with larger and more diverse samples. Further investigations might reveal which methods are most effective in facilitating EBP implementation through the use of organized EBP training sessions, mentor schemes, or digital decision-support tools as intervention-based studies. Moreover, qualitative studies could shed light on the underlying contextual and cultural factors that hinder the implementation of evidence-based practice in Indian clinical settings.

5. Conclusion

This study examined the integration of evidence-based practices (EBP) among nurses working in acute care settings and explored how these practices influence patient outcomes. The findings demonstrated that nurses possessed moderate EBP knowledge, highly positive attitudes, and varying levels of EBP practice, with higher implementation observed in critical care units. Importantly, the significant positive correlation between EBP practice and patient outcomes reinforces the crucial role of evidence-based interventions in enhancing clinical safety, reducing complications, and improving overall quality of care. The results highlight the impact of educational preparation and work environment on EBP adoption. Nurses with higher qualifications and those employed in ICUs/HDU showed significantly better EBP engagement, suggesting that unit acuity, exposure to complex cases, and familiarity with standardized care pathways contribute to stronger EBP integration. Although specialty categories such as Adult Health, Neonatal, and Geriatric/Gerontological Nursing did not show a significant association with EBP practice, indicating that contextual and organizational factors may be more influential than specialty area. These findings align with global literature emphasizing the importance of organizational support, access to evidence, and facilitative leadership in promoting EBP behaviors. While the study provides valuable insights, it also identifies the need for strengthening EBP implementation across all acute care units. Continuous professional development programs, mentorship, and supportive organizational climates are essential to bridge the gap between knowledge and practice. Hospitals should invest in capacity-building efforts that empower nurses to apply evidence consistently in daily decision-making. Future research should include longitudinal and multi-centre studies to validate these findings and explore targeted interventions that enhance EBP readiness. Overall, this study underscores that fostering a culture of evidence-based nursing is fundamental to improving patient outcomes and ensuring high-quality, safe, and effective care in acute care environments.

References

1. Alatawi, M., Aljuhani, E., Alsufiany, F., Aleid, K., Rawah, R., Aljanabi, S., & Banakhar, M. (2020). Barriers of implementing evidence-based practice in nursing profession: A literature review. *American Journal of Nursing Science*, 9(1), 35-42.
2. Bankole, S. O., Nwankwo, C. U., Brotohor, D., & Afonne, A. J. (2022). Knowledge, attitude and utilization of evidence-based practice among nurses in Tertiary Hospitals. *World Journal of Advanced Research and Reviews*, 13(3), 63-72.
3. Crawford, C. L., Rondinelli, J., Zuniga, S., Valdez, R. M., Tze-Polo, L., & Titler, M. G. (2023). Barriers and facilitators influencing EBP readiness: Building organizational and nurse capacity. *Worldviews on Evidence-Based Nursing*, 20(1), 27-36.
4. Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines*. Sigma Theta Tau.
5. Danielis, M., Destrebecq, A. L. L., Terzoni, S., & Palese, A. (2022). Nursing care factors influencing patients' outcomes in the intensive care unit: Findings from a rapid review. *International journal of nursing practice*, 28(2), e12962.
6. Fu, L., Su, W., Ye, X., Li, M., Shen, J., Chen, C., ... & He, Y. (2020). Evidence-based practice competency and related factors among nurses working in public hospitals. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 57, 0046958020927876.

7. Hashish, A., & Aly, E. (2020). Evidence-Based Practice and its Relationship to Quality Improvement: A Cross-Sectional Study among Egyptian Nurses. *The Open Nursing Journal*, 14(1).
8. Horntvedt, M. E. T., Nordsteien, A., Fermann, T., & Severinsson, E. (2018). Strategies for teaching evidence-based practice in nursing education: a thematic literature review. *BMC medical education*, 18(1), 172.
9. Huo, M., Qin, H., Zhou, X., Li, J., Zhao, B., & Li, Y. (2024). Impact of an Organizational Climate for Evidence-Based Practice on Evidence-Based Practice Behaviour among Nurses: Mediating Effects of Competence, Work Control, and Intention for Evidence-Based Practice Implementation. *Journal of nursing management*, 2024(1), 5972218.
10. Lavenberg, J. G., Cacchione, P. Z., Jayakumar, K. L., Leas, B. F., Mitchell, M. D., Mull, N. K., & Umscheid, C. A. (2019). Impact of a hospital evidence-based practice center (EPC) on nursing policy and practice. *Worldviews on Evidence-Based Nursing*, 16(1), 4-11.
11. Li, S., Cao, M., & Zhu, X. (2019). Evidence-based practice: Knowledge, attitudes, implementation, facilitators, and barriers among community nurses systematic review. *Medicine*, 98(39), e17209.
12. Pitsillidou, M., Roupas, Z., Farmakas, A., & Noulas, M. (2020). Barriers to the adoption of evidence-based practice among nurses. *KONTAKT-Journal of Nursing & Social Sciences related to Health & Illness*, 22(2).
13. Rotter, T., de Jong, R. B., Lacko, S. E., Ronellenfitsch, U., & Kinsman, L. (2019). Clinical pathways as a quality strategy. *Improving healthcare quality in Europe*, 309.
14. Rycroft-Malone, J., Seers, K., Chandler, J., Hawkes, C. A., Crichton, N., Allen, C., ... & Strunin, L. (2013). The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS framework. *Implementation science*, 8(1), 28.
15. Sebire, S. Y., Brown, J., Malewezi, E., & Tume, L. N. (2025). Understanding, Using, and Facilitating Evidence-Based Practice: A Scoping Review of Influencing Factors Among Nurse Managers in Acute Care. *Journal of Nursing Management*, 2025(1), 2155376.
16. Vottero, B. A. (2022). Evidence-Based Nursing Practice. *Quality and Safety Education for Nurses: Core Competencies for Nursing Leadership and Care Management*, 287.
17. Xu, Q., Tan, J., Wang, Y., & Tang, M. (2024). Theory-based and evidence-based nursing interventions for the prevention of ICU-acquired weakness in the intensive care unit: A systematic review. *PloS one*, 19(9), e0308291.