

Enhancing Patient Care Through Research Expertise and Evidence-Based Nursing Practice

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Abstract: Nursing practice increasingly depends on systematic research use to guide clinical decisions and improve patient outcomes, yet variability in nurses' research expertise can hinder evidence-based practice (EBP). This study examined the role of research expertise in nursing by describing nurses' research knowledge, integration of research into practice, and perceptions of EBP, and by analysing associations with education and experience. A quantitative descriptive design was used with a purposive sample of 50 registered nurses. Data were collected using a structured questionnaire on demographics, research knowledge and skills, research integration behaviours, and EBP perceptions. Analysis in SPSS 26.0 used descriptive statistics, chi-square tests, and t-tests with significance at $p < 0.05$. Most participants were female, with bachelor's education predominating. Educational level showed a significant association with research knowledge, while years of experience did not. Overall, knowledge was low to moderate for most nurses, and integration of research into practice was generally occasional to frequent. Postgraduate-prepared nurses reported significantly higher integration of research than diploma or bachelor's nurses. Perceptions of research were highly positive, particularly regarding support for decision-making and improved outcomes, yet integration remained only moderate. Findings indicate an implementation gap and highlight the need for postgraduate education, mentorship, and organisational support to strengthen consistent EBP in nursing.

Keywords: Evidence-Based Practice; Research Utilisation; Nursing Education; Work Environments; Clinical Decision-Making; Practice Integration; Nursing and Midwifery.

Cite as: S. Vashist, R. Thomas, C. Thakur, E. Lohani, and P. Chand, "Enhancing Patient Care Through Research Expertise and Evidence-Based Nursing Practice," *AVE Trends in Intelligent Social Letters*, vol. 3, no. 1, pp. 20–27, 2026.

Journal Homepage: <https://avepubs.com/user/journals/details/ATISL>

Received on: 05/02/2025, **Revised on:** 29/04/2025, **Accepted on:** 17/08/2025, **Published on:** 03/01/2026

DOI: <https://doi.org/10.64091/ATISL.2026.000273>

1. Introduction

Copyright © 2026 S. Vashist *et al.*, licensed to AVE Trends Publishing Company. This is an open access article distributed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows unlimited use, distribution, and reproduction in any medium with proper attribution.

Nursing practice increasingly depends on the systematic use of research to guide clinical decisions, optimise processes, and improve outcomes across diverse care settings [1]. As the largest segment of the global health workforce, nurses occupy a pivotal position at the interface of evidence generation, translation, and bedside implementation [2]. In contemporary systems, “research expertise” in nursing extends beyond familiarity with studies; it encompasses the ability to formulate answerable clinical questions, search for and appraise the literature, interpret statistics, assess applicability, and integrate findings with patient preferences and clinical judgment [3]. It also includes facility with quality improvement methods, data literacy, and the ability to lead or collaborate on practice change initiatives [4]. This blended competence, scholarly acumen, and practical translation form the backbone of evidence-based practice (EBP) and are increasingly recognised in professional standards and policy guidance for nursing and midwifery [5]. The practical value of such expertise is most visible in outcomes that matter to patients and organisations [6]. Rigorous syntheses show that supportive nurse work environments where professional autonomy, interprofessional collaboration, and adequate resources enable nurses to use and generate evidence are consistently associated with better safety and quality indicators, healthier nurse job outcomes, and higher patient satisfaction [7]. These environments enable nurses to appraise new evidence, adapt protocols, measure outcomes, and sustain improvements. Complementing this, multi-country observational studies demonstrate that hospitals with better staffing and higher proportions of academically prepared nurses experience lower mortality and failure-to-rescue, suggesting that research-literate teams can better recognise deterioration, prevent errors, and implement complex care bundles.

Together, these lines of evidence link research expertise cultivated through education and supported by context to tangible performance gains. Beyond acute care, research-informed nursing roles have expanded in primary care, population health, and chronic disease management. Systematic review evidence indicates that registered nurses (RNs) in primary care settings improve a range of patient-reported and clinical outcomes, including satisfaction, enablement, health behaviours, and biomarker control for chronic conditions. In these arenas, research expertise enables nurses to apply behaviour-change evidence, evaluate self-management tools, and tailor interventions to local needs. These activities depend on proficient evidence appraisal and outcome measurement. Such competencies anchor the nurse’s contribution to integrated, team-based models, where continuous learning and rapid-cycle evaluation are vital. Organisational designation programs offer further insight into the link between research-minded practice and results. Hospitals recognised for nursing excellence report measurable improvements over time in work environments, nurse outcomes, and patient safety indicators compared with their non-recognised peers. These differences often reflect deliberate investments in professional development, shared governance, and structures (e.g., councils, mentors, clinical scholars) that normalise the use of evidence and encourage nurses to lead practice changes. In effect, organisations can “engineer” conditions that enable individual research expertise to scale to unit- and system-level improvement. Yet, building and sustaining this capability is not trivial. Research literacy draws on a set of teachable but unevenly distributed skills: literature searching, critical appraisal, understanding of research designs and bias, interpretation of effect sizes and confidence intervals, and pragmatic implementation know-how. Entrenching these skills requires aligned pre-licensure curricula, accessible continuing education, protected time, and leadership that expects and rewards evidence use.

Even with such scaffolding, day-to-day pressures can erode the capacity to practice at the top of one’s license. Recent evidence underscores how workforce strain and burnout can depress safety climate, increase adverse events, and lower patient satisfaction, indirectly throttling the very conditions under which evidence can be translated. This highlights a reciprocal truth: research expertise strengthens practice, and healthy practice environments protect the space needed to exercise that expertise. Emerging educational models are responding to these needs. Academic progression pathways and bridging programs that move diploma-prepared nurses toward baccalaureate and beyond are associated with higher scores on EBP knowledge, attitudes, and implementation, suggesting that structured exposure to research methods and appraisal builds confidence and use [7]. Pedagogies that interconnect coursework, simulation, and clinically embedded projects can further accelerate the transfer of research skills into everyday decision-making. When paired with mentorship and unit-level inquiry (e.g., journal clubs, practice councils), these approaches help nurses convert evidence into protocols, audit outcomes, and iterate, sharpening the feedback loop between research and care. At the same time, health systems are awash in data and innovation claims. This makes discerning high-quality, applicable evidence more important and more challenging than ever. Nurses with robust research expertise are better positioned to navigate conflicting findings, identify publication or sponsorship bias, and weigh external validity for their populations. They can also participate meaningfully in co-design with patients and communities, ensuring that changes reflect values as well as data. In turn, organisations that cultivate these competencies at scale are more agile: they can adopt proven practices faster, de-implement low-value care, and track equity-sensitive outcomes.

2. Materials and Methods

A quantitative descriptive research design was adopted to investigate the role of research expertise in enhancing nursing practice. The approach enabled the collection of structured data from a defined group of nursing professionals, allowing for systematic analysis and interpretation. The study comprised 50 registered nurses, selected purposively. All participants were practising nurses with varying levels of clinical experience and educational backgrounds. Inclusion criteria required participants

to be licensed professionals actively engaged in nursing practice and willing to provide informed responses. Exclusion criteria included non-nursing staff and nurses who were not currently in practice.

2.1. Data Collection Instrument

A structured, self-administered questionnaire was developed to capture data relevant to research expertise and its perceived impact on clinical practice. The tool included both closed-ended questions and Likert-scale items to assess three primary areas: the level of research knowledge and skills participants possess, the extent to which research expertise is integrated into their nursing practice, and their perceptions of how research contributes to evidence-based decision-making and improved patient care outcomes. To ensure rigour, subject-matter experts reviewed the instrument to establish content validity, and a pilot test was conducted with a small group of nurses to refine clarity, comprehensibility, and reliability before full implementation.

2.2. Procedure

Participants were approached through professional nursing networks and health facilities, and the questionnaire was administered either in paper or electronically. All participants were briefed about the purpose of the study, and informed consent was obtained before data collection. Anonymity and confidentiality of responses were assured throughout the process.

2.3. Data Analysis

Collected data were coded and entered into Statistical Package for the Social Sciences (SPSS) version 26.0 for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were employed to summarise participant demographics and responses. Inferential statistics, such as chi-square tests and independent sample t-tests, were applied where appropriate to examine relationships between participants’ research expertise and their perceptions of its impact on practice.

3. Results

Figure 1 shows a bar chart comparing knowledge levels (low, moderate, and high) across different sections. The most common levels are high, then moderate, and finally low. This shows that most participants are skilled researchers. In general, the pattern shows that the categories and knowledge levels are well related.

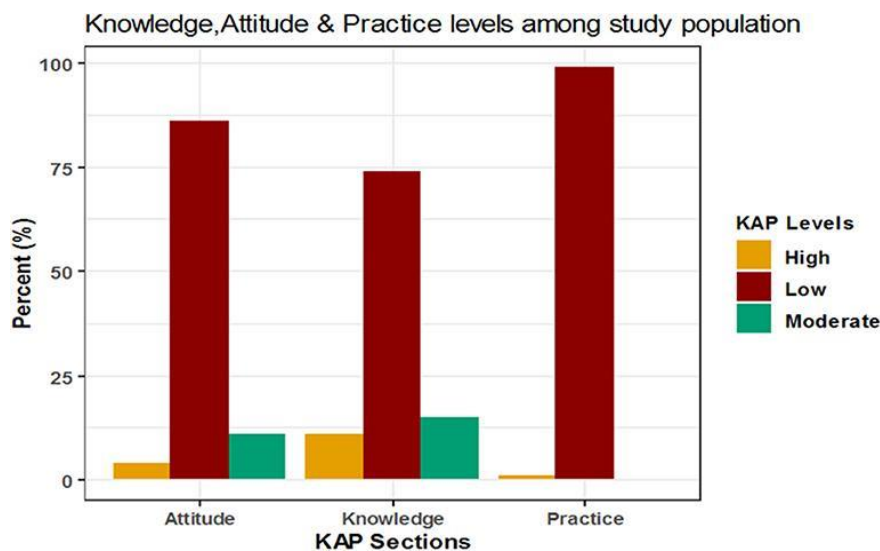


Figure 1: Distribution of participants based on research knowledge levels and educational influence

The demographic profile of participants showed that the majority were female nurses (64.00%), while males comprised 36.00% of the sample. In terms of educational background, most nurses held a bachelor’s degree (52.00%), followed by those with a diploma (24.00%) and a master’s degree (20.00%), while only 4.00% had completed doctoral studies. Years of clinical experience were evenly distributed, with the largest group having 6–10 years (32.00%). The chi-square test revealed a statistically significant association between educational level and research knowledge ($p = 0.041$), indicating that higher

academic qualifications were associated with greater research expertise. No significant association was found between years of experience and research expertise ($p = 0.067$) (Table 1).

Table 1: Demographic characteristics of participants (N = 50)

Variable	Frequency (n)	Percentage (%)	p-value
Gender	-	-	-
Male	18	36.00	-
Female	32	64.00	-
Educational Level	-	-	0.041
Diploma in Nursing	12	24.00	-
Bachelor’s Degree	26	52.00	-
Master’s Degree	10	20.00	-
Doctorate	2	4.00	-
Years of Experience	-	-	0.067
1–5 years	14	28.00	-
6–10 years	16	32.00	-
11–15 years	12	24.00	-
>15 years	8	16.00	-

As shown in Table 2, most participants reported moderate levels of research knowledge and skills (44.00%), followed by those with high knowledge (36.00%), while a smaller proportion demonstrated low research knowledge (20.00%). The relationship between educational attainment and knowledge level was statistically significant ($p = 0.041$), highlighting the influence of formal education on research competency (Figure 2).

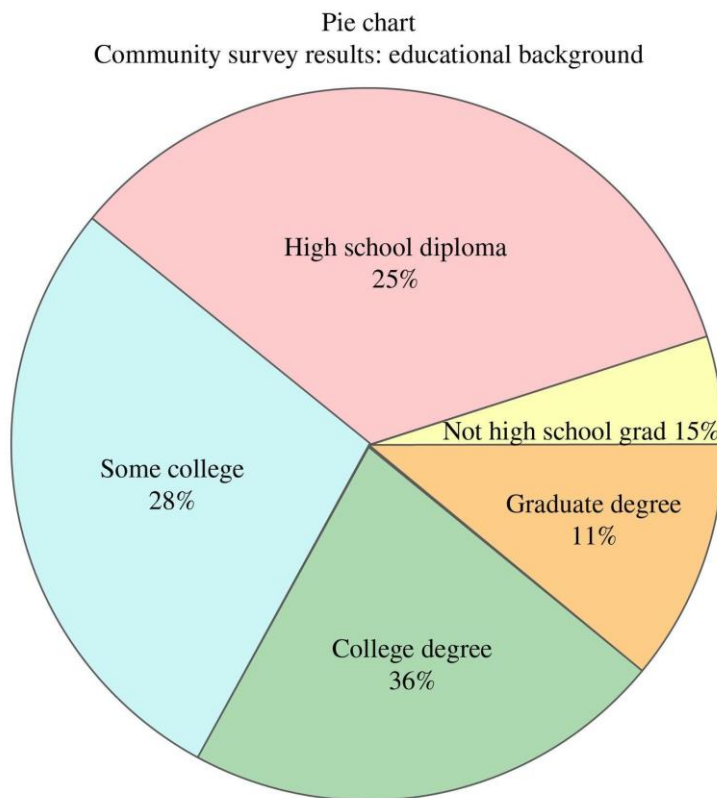


Figure 2: Distribution of research knowledge levels among participants

The integration of research expertise into nursing practice revealed that 40.00% of respondents occasionally integrated research into their clinical activities, 28.00% reported frequent integration, and 16.00% reported always applying research findings. Another 16.00% admitted to rarely incorporating research into practice. An independent t-test showed a significant difference

in integration levels by educational qualifications ($p = 0.032$), suggesting that nurses with postgraduate training were more likely to use research in practice (Table 2).

Table 2: Level of research knowledge and skills (N = 50)

Research Knowledge Level	Frequency (n)	Percentage (%)	p-value
Low	10	20.00	-
Moderate	22	44.00	0.041
High	18	36.00	-

Table 4 outlines participants' perceptions of research in enhancing evidence-based decision-making. A large majority agreed that research improves patient care outcomes (84.00%) and supports evidence-based decision-making (88.00%). Additionally, 72.00% agreed that the lack of research expertise hinders nursing practice. While most associations were not statistically significant, the perception that research supports evidence-based decision-making was significantly related to research knowledge level ($p = 0.025$), indicating that nurses with stronger research skills were more likely to recognise its importance in decision-making (Table 3).

Table 3: Integration of research expertise into nursing practice (N = 50)

Integration into Practice	Frequency (n)	Percentage (%)	p-value
Rarely	8	16.00	-
Occasionally	20	40.00	-
Frequently	14	28.00	0.032
Always	8	16.00	-

The Likert-scale analysis yielded mean scores for each perception domain. The highest mean was recorded for the perception that research supports evidence-based decision-making (4.36 ± 0.68), followed by the belief that research improves patient care outcomes (4.22 ± 0.71). Both domains were rated highly, reflecting overall positive attitudes toward research. Research knowledge and skills were scored moderately (3.42 ± 0.88), as was the integration of research expertise into practice (3.18 ± 0.95). The lowest, though still above average, was the perception that lack of research expertise hinders practice (3.78 ± 0.82). Statistically significant findings were observed in three domains: research knowledge and skills ($p = 0.041$), integration of research expertise into practice ($p = 0.032$), and support for evidence-based decision-making ($p = 0.025$). These results reinforce the idea that nurses with greater research knowledge were more likely to value and apply research in clinical practice (Table 4).

Table 4: Perceptions of research enhancing evidence-based decision-making (N = 50)

Perception Statement	Agree n (%)	Neutral n (%)	Disagree n (%)	p-value
Research improves patient care outcomes	42 (84.00)	6 (12.00)	2 (4.00)	0.058
Research supports evidence-based decision-making	44 (88.00)	4 (8.00)	2 (4.00)	0.025
Lack of research expertise hinders nursing practice	36 (72.00)	8 (16.00)	6 (12.00)	0.073

Table 5 shows that respondents generally have positive perceptions of research, with the highest level of agreement regarding its role in supporting evidence-based decision-making (4.36 ± 0.68 , $p < 0.05$). Research improving patient outcomes also received a high mean score (4.22 ± 0.71), though it was not statistically significant. Moderate scores were observed for research knowledge and skills, and the belief that lack of expertise hinders practice. Overall, while attitudes toward research are favorable, gaps remain in effectively integrating research expertise into practice.

Table 5: Mean \pm SD of Likert scale scores on perceptions of research (N = 50)

Perception Domain	Mean \pm SD	p-value
Research knowledge and skills	3.42 ± 0.88	0.041
Integration of research expertise into practice	3.18 ± 0.95	0.032
Research improves patient care outcomes	4.22 ± 0.71	0.058
Research supports evidence-based decision-making	4.36 ± 0.68	0.025
Lack of research expertise hinders practice	3.78 ± 0.82	0.073

Likert scale: 1 = Strongly Disagree, 5 = Strongly Agree
Significant at $p < 0.05$

Figure 3 shows the average Likert-scale scores across several research-perception areas for the 50 participants. The mean score for research supporting evidence-based decision-making (4.36 ± 0.68) was the highest, followed by the mean score for research improving patient outcomes (4.22 ± 0.71). Moderate values were recorded for insufficient research expertise impeding practice ($3.78, 0.82$) and for research knowledge and skills ($3.42, 0.88$). The mean score for integrating research into practice was the lowest (3.18 ± 0.95), indicating it was used less than the other scores. Overall, the statistics show that people have positive views on research, but there are some gaps in how well it is put into practice.

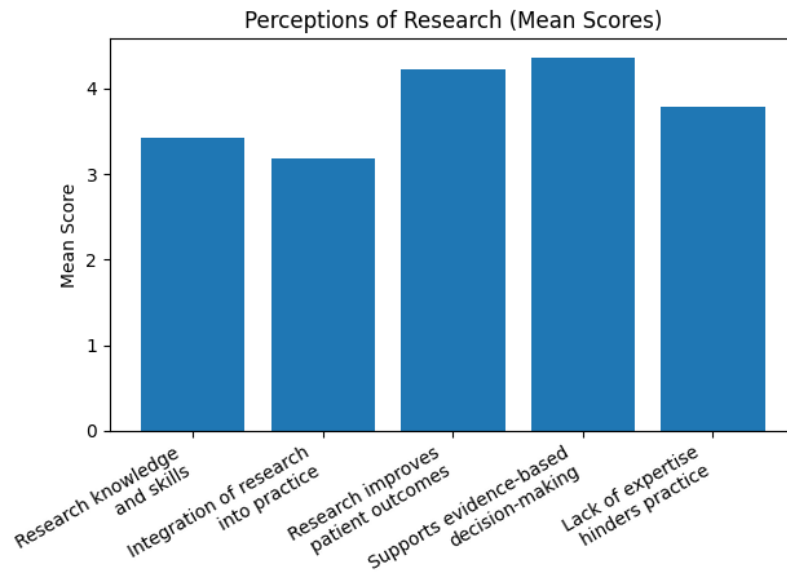


Figure 3: Mean Likert scale scores of research perception domains among participants (N = 50)

4. Discussion

Our sample was predominantly female (64.00%), and most held a bachelor’s degree (52.00%). The significant association between educational level and research knowledge ($\chi^2, p = 0.041$) aligns with international evidence that higher qualifications bolster capability beliefs and, in turn, actual evidence-based activities. In a Swedish national study, Boström et al. [8] showed that nurses’ capability beliefs were strongly associated with performing six EBP activities (odds ratios 2.6–7.3), supporting our finding that academic preparation relates to stronger research expertise and uptake in practice. Most participants reported moderate-to-high research knowledge (44.00% and 36.00%, respectively), with a mean knowledge/skills score of 3.42 ± 0.88 on a five-point scale. These levels mirror broader patterns where attitudes are typically strongest, followed by knowledge, then practice. For example, Zhou et al. [9] reported an overall EBQ mean of 4.24 ± 0.79 (seven-point scale) among Chinese TCM-hospital nurses, with attitude > knowledge > practice consistent with our gradient and reinforcing that moving from positive views to proficient skills remains a sector-wide challenge. Regarding the application of research, 44.00% of our nurses reported frequently or always integrating research into practice (28.00% and 16.00%, respectively), but the overall integration mean remained moderate (3.18 ± 0.95). Comparable utilisation gaps are documented in national cohorts: two years post-graduation, only 19% of Swedish RNs reported formulating clinical questions and searching databases, 31% appraised research, 30.00% implemented evidence, and 34.00% evaluated practice [10].

Our pattern positive intent with uneven follow-through thus reflects a persistent “implementation dip” seen internationally. Perceptions were strongly favourable in our study: 88.00% agreed that research supports evidence-based decision-making, and 84.00% agreed that it improves patient outcomes; the corresponding Likert means were high (4.36 ± 0.68 and 4.22 ± 0.71 , respectively). Stokke et al. [11] similarly observed high EBP beliefs yet modest enactment, reporting that while 53% discussed research with colleagues, only 40% critically appraised, 34% shared evidence with peers, and fully 90% did not evaluate practice. Yet, beliefs correlated positively with implementation ($r = 0.59, p = 0.001$). Our significant link between stronger research knowledge and the endorsement of EBP for decision-making ($p = 0.025$) is consistent with that belief-implementation coupling. Barriers identified by our participants, especially the perception that a lack of research expertise hinders practice (72.00%), echo those frequently reported. In Singapore, Majid et al. [12] found that >53% cited lack of time as a major barrier and >47% struggled with statistical terminology, jargon, and judging study quality; notably, 82.7% had no formal EBP training and 75.9%–92.1% were unfamiliar with Boolean/proximity operators for literature searching. Our data (knowledge mean = 3.42; 20.00% of ratings low on knowledge) sit squarely within this global picture of skills/time constraints limiting translation.

Education appeared to facilitate use in our cohort: integration scores differed by qualification ($p = 0.032$), and nurses with postgraduate preparation reported greater application.

Parallel trends were observed by Yoder et al. [13], where 54% of staff nurses learned about EBP in school, 40% through hospital sessions, 34% were self-taught, and 11% reported knowing little, underscoring how structured academic and in-service exposure can widen the pipeline from knowledge to use, as researchers also observed. Organisational facilitation matters as well. While our cross-sectional design cannot test interventions, the pattern of higher knowledge being associated with stronger EBP endorsement and use ($p = 0.041$ and $p = 0.032$, respectively) is consistent with programmatic gains reported elsewhere. In a mentored EBP program, Wallen et al. [14] documented significant improvements in EBP beliefs ($57.2 \rightarrow 62.6$; $p = 0.01$) and EBP culture readiness ($77.2 \rightarrow 89.5$; $p < 0.001$), demonstrating that targeted capacity-building can shift both mindset and milieu precisely where our findings suggest leverage. Finally, our mean for “EBP supports decision-making” (4.36 ± 0.68) and the observed significance ($p = 0.025$) are consistent with evidence that stronger beliefs are associated with greater implementation behaviours. Among oncology nurses, Eaton et al. [15] reported a positive association between EBP beliefs. They perceived EBP implementation ($r = 0.36$, $p = 0.02$), mirroring our own pattern, in which higher research knowledge and pro-EBP attitudes co-occur with more frequent integration in practice (44.00% frequent/always). Collectively, these converging data imply that bolstering competencies and unit-level support may close the persistent “beliefs-to-behaviour” gap.

5. Conclusion

This study, involving 50 participants, revealed a substantial correlation between elevated levels of academic preparation and enhanced research knowledge ($p = 0.041$). This finding shows that formal education is very important for helping nurses learn more about and become better at research-related tasks. Individuals possessing advanced qualifications demonstrated superior capabilities in interpreting and applying research information, underscoring the significance of academic background in cultivating analytical and critical thinking skills. Nevertheless, the general integration of research into clinical practice was rather minimal. Postgraduate nurses, on the other hand, reported using evidence-based practices more often than their peers, and this difference was statistically significant ($p = 0.032$). This indicates that although knowledge is available, translating it into everyday practice may encounter specific obstacles, and that higher education seems to enhance effective implementation. Moreover, participants articulated robust, favourable attitudes towards research, especially its significance for clinical decision-making. There was a strong link between knowledge and perception ($p = 0.025$), which means that those who know more about research tend to value and appreciate its significance more in enhancing patient care outcomes. In general, these results show that equipping nurses with stronger research skills can significantly increase the use of evidence in practice. But to go from having information and a good attitude to using it all the time, the healthcare environment needs to be helpful. To ensure that positive perceptions become routine, high-quality clinical practice, targeted educational interventions, structured mentorship programs, and organisational support are all important. This includes providing researchers with protected time to do their work and building an evidence-based practice (EBP) infrastructure.

Acknowledgement: The authors sincerely acknowledge Teerthanker Mahaveer University, Happy Child College of Nursing, and Dev Bhoomi Uttarakhand University for their continuous support and academic encouragement throughout this research. Researchers extend our heartfelt gratitude to these institutions for providing essential resources, guidance, and a collaborative environment that contributed to the successful completion of this work.

Data Availability Statement: The information and datasets analyzed during this study are preserved by the authors and can be provided upon justified request, enabling independent validation and promoting transparency in the research process.

Funding Statement: The authors state that this study was conducted independently without any financial support, sponsorship, or grant from external organizations or funding bodies.

Conflicts of Interest Statement: The authors declare that there are no competing interests, whether financial, personal, or professional, that could have influenced the research outcomes or interpretation of the results.

Ethics and Consent Statement: All authors have reviewed and approved the manuscript and consent to its publication, ensuring that it is accessible to researchers and readers for academic and educational purposes.

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