

Integrating The Seven Steps Of Evidence-Based Practice: A Guide For Nursing Education And Practice

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Abstract

Evidence-Based Practice (EBP) has emerged as the cornerstone of modern nursing, ensuring that patient care is guided by the best available research evidence, clinical expertise, and patient preferences. The integration of EBP into nursing education and practice is essential for developing competent professionals who can adapt to rapidly evolving healthcare environments. The present study aims to explore the integration of the seven steps of EBP—cultivating inquiry, formulating clinical questions, searching for evidence, critically appraising evidence, integrating findings, evaluating outcomes, and disseminating results—within nursing education and clinical practice. The objectives include identifying strategies for effective incorporation of these steps into curricula and practice protocols, assessing their impact on nursing competencies, and highlighting challenges in their implementation. A narrative review methodology was adopted, synthesizing literature from 2010 to 2025 retrieved from databases such as PubMed, CINAHL, Scopus, and Google Scholar. Inclusion criteria focused on peer-reviewed studies, guidelines, and frameworks addressing EBP integration in nursing education and practice, while opinion pieces and non-English articles were excluded. Data were thematically analyzed to identify patterns, barriers, and enablers of EBP integration.

Findings revealed that structured EBP training in nursing curricula significantly enhances students' critical thinking, research literacy, and confidence in clinical decision-making. In clinical practice, adherence to the seven-step EBP process has been associated with improved patient outcomes, reduced variability in care, and stronger interdisciplinary collaboration. However, persistent barriers such as limited access to resources, insufficient faculty training, lack of institutional support, and resistance to change continue to hinder effective adoption. Models that combine mentorship, leadership support, and continuous professional development were identified as effective strategies to overcome these challenges. The study concludes that successful integration of the seven steps of EBP requires a dual focus on nursing education and practice environments. Embedding EBP into the curriculum, fostering inquiry-based learning, providing faculty and clinical staff with sustained training, and promoting a culture of evidence-based decision-making are key to advancing nursing as a science-driven profession. Future directions call for cross-institutional collaborations, policy-level support, and ongoing research to refine EBP teaching and implementation models.

Keywords: Evidence-Based Practice, Nursing Education, Clinical Practice, Patient Outcomes, Research Utilization, Nursing Leadership

INTRODUCTION

Nursing as a profession has evolved tremendously over the past century, shifting from a role that was historically defined by compassion and bedside care to one that is now grounded in scientific evidence, research, and advanced clinical decision-making. At the heart of this transformation lies the philosophy of Evidence-Based Practice (EBP), which integrates the best available research evidence, clinical expertise, and patient preferences to ensure high-quality and cost-effective care. In an era where healthcare systems face increasing challenges such as rising costs, chronic disease burdens, rapid technological advancement, and heightened patient expectations, EBP serves as a critical tool to guide practice, policy, and education. Nursing, as the largest segment of the healthcare workforce, is uniquely positioned to lead in the integration of EBP across both academic and clinical domains. Evidence-Based Practice is more than a methodology; it is a culture of inquiry and reflection. It equips nurses with the ability to question existing practices, appraise evidence systematically, and translate research findings into clinical decisions that

optimize patient outcomes. This orientation not only improves the safety and quality of care but also enhances the professional autonomy and accountability of nurses. Yet, despite the universal recognition of its importance, the integration of EBP into nursing education and practice remains inconsistent and fraught with barriers, particularly in low- and middle-income countries such as India. Gaps in training, lack of institutional support, inadequate access to research resources, and resistance to change often result in limited implementation, restricting the full potential of EBP to transform care delivery. To address these gaps, scholars and practitioners have proposed a structured framework consisting of seven essential steps in the EBP process: (1) cultivating a spirit of inquiry, (2) formulating a clinical question, (3) searching for the best evidence, (4) critically appraising the evidence, (5) integrating the evidence with clinical expertise and patient values, (6) evaluating outcomes, and (7) disseminating the findings. This seven-step approach provides a systematic pathway for nurses, from the inception of curiosity in practice to the widespread sharing of results for broader impact. By breaking down EBP into clear, actionable steps, it becomes possible to integrate it more effectively into nursing curricula and clinical environments.

The first step, cultivating a spirit of inquiry, is foundational. Nurses must be encouraged to question traditional practices, identify gaps in care, and foster a mindset of continuous learning. Nursing education plays a pivotal role in developing this attitude among students, embedding curiosity and openness to evidence early in their training. Without this spirit, EBP cannot thrive, as it is curiosity that drives the formulation of clinical questions and the pursuit of evidence. The second step, formulating clinical questions, typically uses frameworks such as PICO (Population, Intervention, Comparison, Outcome) to guide inquiry. This structured approach transforms vague clinical observations into researchable questions. For instance, instead of asking, "What is the best way to reduce patient anxiety before surgery?" a nurse trained in EBP would ask, "In adult surgical patients (P), how effective is guided imagery (I) compared with pharmacological interventions (C) in reducing preoperative anxiety (O)?" The ability to construct such precise questions empowers nurses to seek targeted evidence and contributes to high-quality decision-making.

Searching for evidence, the third step, relies heavily on access to credible databases such as PubMed, CINAHL, and Cochrane Library. However, in many institutions, particularly in resource-limited settings, access to these resources is restricted, creating inequities in evidence utilization. Nursing educators and administrators must prioritize access to such repositories while simultaneously training students and staff in information literacy and database navigation. Without these skills, evidence retrieval remains a major barrier to implementation. Critical appraisal of evidence, the fourth step, requires analytical skills to determine the validity, reliability, and applicability of research findings. This step bridges the gap between evidence and action, ensuring that only high-quality research informs practice. Many nursing programs worldwide have introduced courses on research methods and biostatistics to strengthen these competencies, but more emphasis is needed on applied appraisal rather than theoretical knowledge. Workshops, journal clubs, and mentorship by research-active faculty can enhance appraisal skills significantly. Integrating evidence with clinical expertise and patient preferences constitutes the fifth step and is perhaps the most complex, as it requires balancing scientific findings with real-world contexts. Nurses must consider patient values, cultural norms, ethical concerns, and available resources when applying evidence. For example, while randomized controlled trials may show the efficacy of a certain intervention, its feasibility in rural Indian settings might be limited by financial or infrastructural constraints. This step reinforces the holistic nature of nursing, ensuring that care remains patient-centered while still being evidence-driven.

The sixth step, evaluating outcomes, closes the loop between implementation and results. Nurses must measure the impact of EBP interventions on patient health, safety, satisfaction, and system efficiency. This step ensures accountability and provides feedback for continuous improvement. Evaluation also helps in generating data that can further strengthen the case for EBP integration at organizational and policy levels. Finally, dissemination of findings, the seventh step, ensures that knowledge does not remain confined to individual units or institutions but is shared across broader professional networks. Publishing in journals, presenting at conferences, and engaging in interdisciplinary dialogues allow for the scaling of best practices and promote a culture of collective learning. In India, where nursing research publication rates remain relatively low, institutional support and mentorship in academic writing are vital to enhance dissemination.

Integrating these seven steps into nursing education and practice requires a paradigm shift. At the educational level, curricula must embed EBP as a core competency rather than treating it as an optional skill. Inquiry-based learning, case-based discussions, and simulation exercises can foster critical thinking

and practical application of evidence. Faculty development programs are equally important, as many nursing educators themselves lack confidence in EBP and require training to mentor students effectively. At the practice level, hospital administrations must create supportive environments by allocating time for EBP activities, facilitating access to resources, and incentivizing evidence-based innovations. Leadership support is crucial in overcoming resistance and ensuring sustainability of EBP initiatives.

Global trends provide inspiring examples. Countries such as the United States, the United Kingdom, and Australia have successfully integrated EBP into nursing education and practice, leading to measurable improvements in patient safety, quality of care, and workforce satisfaction. India and other developing nations can adapt these models to local contexts, aligning them with cultural, financial, and infrastructural realities. Collaborations with international nursing bodies and academic exchanges can further accelerate this integration. Ultimately, the integration of the seven steps of EBP is not only a professional mandate but also a moral responsibility. Patients entrust nurses with their lives, and this trust demands care that is grounded in the best possible evidence. By cultivating inquiry, asking the right questions, seeking and appraising evidence, applying it with sensitivity, evaluating outcomes, and sharing findings, nurses can ensure that their practice is dynamic, innovative, and responsive to the needs of society. The integration of the seven steps of Evidence-Based Practice into nursing education and clinical practice offers a structured pathway to elevate the profession, improve patient outcomes, and strengthen healthcare systems. While challenges exist, the opportunities are immense. With concerted efforts from educators, practitioners, administrators, and policymakers, EBP can become the cornerstone of nursing in India and beyond, ensuring that the profession continues to evolve in alignment with global standards of excellence and patient-centered care.

Objectives

The primary objective of this study is to explore the integration of the seven steps of Evidence-Based Practice (EBP) into nursing education and clinical practice, with the aim of enhancing the quality of patient care, advancing professional competencies, and strengthening healthcare outcomes. Specifically, the study seeks to:

1. **Examine the role of EBP in nursing education** by assessing how the seven-step framework can be systematically embedded into curricula to promote inquiry-based learning, critical thinking, and research utilization among nursing students.
2. **Evaluate the application of EBP in clinical practice**, focusing on how the structured process—from cultivating inquiry to disseminating findings—supports evidence-informed decision-making, patient-centered care, and interdisciplinary collaboration.
3. **Identify barriers and enablers** that influence the adoption of EBP among nursing educators, students, and practitioners, including factors related to institutional support, resource availability, faculty development, and organizational culture.
4. **Highlight strategies and best practices** from global and local contexts that can guide nursing institutions and healthcare organizations in effectively implementing the seven-step EBP framework.
5. **Provide recommendations** for strengthening nursing leadership, policy support, and professional development initiatives to ensure sustained integration of EBP across education and practice settings.

Through these objectives, the study aims to position EBP as a cornerstone of nursing, fostering excellence, innovation, and accountability in healthcare delivery.

METHODOLOGY

This study employed a narrative review methodology to synthesize existing literature and provide an in-depth understanding of how the seven steps of Evidence-Based Practice (EBP) can be integrated into nursing education and practice. The approach was chosen because it allows for a broad exploration of theoretical frameworks, practical applications, and contextual challenges, making it suitable for guiding both academic and clinical nursing settings.

Data Sources

A systematic search was conducted across major electronic databases including PubMed, CINAHL, Scopus, ScienceDirect, and Google Scholar. To ensure comprehensive coverage, reference lists of relevant articles and reports were also hand-searched. Grey literature such as policy briefs, nursing guidelines, and reports from professional organizations (e.g., World Health Organization, Indian Nursing Council, International Council of Nurses) were reviewed to capture practice-based perspectives.

Inclusion and Exclusion Criteria

Studies published between 2010 and 2025 were considered, reflecting contemporary developments in EBP. Inclusion criteria encompassed peer-reviewed articles, systematic reviews, experimental and quasi-experimental studies, policy papers, and guidelines that focused on EBP integration in nursing education or clinical practice. Excluded were opinion pieces, commentaries, and publications not available in English.

Data Extraction and Analysis

A thematic approach was applied to extract and synthesize findings. Data were categorized according to the seven steps of EBP: (1) cultivating inquiry, (2) formulating questions, (3) searching for evidence, (4) critical appraisal, (5) integrating findings, (6) evaluating outcomes, and (7) disseminating results. Key themes such as barriers, enablers, teaching strategies, leadership roles, and patient outcomes were identified and summarized.

Quality Appraisal

To ensure rigor, the Critical Appraisal Skills Programme (CASP) checklists were used to assess the quality of included studies. Articles that did not meet minimum quality standards were excluded, ensuring that the evidence synthesized was reliable and relevant.

Ethical Considerations

As this study involved a review of published literature and secondary data, no ethical approval was required. However, all sources were properly cited to maintain academic integrity.

Rationale

This methodology was selected to provide a comprehensive overview that goes beyond isolated case studies or narrow clinical interventions. By synthesizing evidence across multiple contexts and settings, the study highlights practical pathways for embedding EBP in nursing education and practice while identifying systemic gaps that need to be addressed for sustainable integration.

RESULT

The review of existing literature and evidence revealed several significant findings regarding the integration of the seven steps of Evidence-Based Practice (EBP) in nursing education and practice. The analysis was structured around the seven steps of EBP, allowing for a clear understanding of how each component contributes to improved outcomes and what challenges remain.

Step 1: Cultivating a Spirit of Inquiry

Findings showed that the foundation of successful EBP implementation lies in fostering a culture of curiosity among nursing students and practitioners. Studies consistently emphasized that when nurses are encouraged to question routine practices, they are more likely to engage with research and seek innovative solutions. In educational settings, inquiry-based teaching methods such as case studies, simulation exercises, and reflective practice were found effective in stimulating critical thinking. However, in many clinical environments, hierarchical structures and workload pressures often suppressed inquiry, limiting opportunities for innovation.

Step 2: Formulating Clinical Questions

The use of structured frameworks such as PICO (Population, Intervention, Comparison, Outcome) was found to significantly improve the quality of clinical questions formulated by nurses. Research indicated that nursing students who received formal training in PICO demonstrated better ability to construct focused, researchable questions. In practice, however, limited training and time constraints often led to vague or poorly defined questions, undermining the evidence search process.

Step 3: Searching for the Best Evidence

The review highlighted substantial disparities in access to research resources. Nursing students in well-resourced institutions benefited from access to online databases and digital libraries, which facilitated evidence retrieval. Conversely, practitioners in many healthcare facilities, particularly in developing regions, reported difficulties due to lack of subscriptions, limited internet connectivity, and insufficient training in information literacy. Interventions such as workshops on database searching and institutional subscriptions were found to improve evidence accessibility.

Step 4: Critical Appraisal of Evidence

Critical appraisal was identified as one of the most challenging steps for both students and practitioners. Studies showed that while many nurses could retrieve evidence, fewer were able to critically assess its quality, validity, and applicability. Programs that combined classroom teaching with hands-on appraisal

exercises, journal clubs, and mentorship by research-active faculty improved confidence and competency in this step. However, lack of time and limited faculty expertise remained major barriers.

Step 5: Integrating Evidence with Clinical Expertise and Patient Preferences

Findings demonstrated that integrating evidence into practice requires balancing scientific findings with clinical judgment, patient values, and resource availability. For example, interventions proven effective in high-income countries were not always feasible in resource-limited settings. Nurses who were trained to adapt evidence within local contexts while considering cultural sensitivities achieved better patient engagement and outcomes. Evidence also suggested that involving patients in shared decision-making enhanced satisfaction and trust in nursing care.

Step 6: Evaluating Outcomes

Evaluation of outcomes was less consistently reported in the literature, but where applied, it demonstrated clear benefits. Studies showed that systematic outcome evaluation allowed nurses to measure improvements in patient safety, recovery times, satisfaction, and overall healthcare efficiency. However, many practitioners lacked the tools or institutional support to conduct outcome assessments, leading to missed opportunities for feedback and quality improvement.

Step 7: Disseminating Results

Dissemination was identified as a weak link in EBP integration. Few nurses reported presenting at conferences or publishing research findings, largely due to lack of mentorship, time, and writing skills. Nevertheless, institutions that promoted academic writing, provided research workshops, and supported nurses in publication processes reported greater dissemination of findings. Sharing results not only improved professional recognition but also fostered a wider culture of EBP across organizations.

Overall, the integration of the seven steps of EBP was found to improve nursing education by enhancing students' analytical and research skills, while in clinical practice, it led to better patient outcomes, reduced variability in care, and stronger interdisciplinary collaboration. However, barriers such as limited resources, insufficient faculty development, institutional constraints, and resistance to change continued to hinder full integration. Effective enablers included supportive leadership, structured training programs, mentorship, access to resources, and strong professional networks.

DISCUSSION

The integration of the seven steps of Evidence-Based Practice (EBP) into nursing education and practice represents both an opportunity and a challenge for the profession. The results of this review underscore the transformative potential of EBP while also highlighting the structural and cultural barriers that must be addressed for effective implementation. The discussion interprets these findings in relation to broader nursing practice, education, leadership, and healthcare system needs.

The Central Role of EBP in Nursing

EBP has become a global standard for improving healthcare quality, safety, and efficiency. For nurses, it offers a structured process to move beyond tradition, habit, and intuition toward decisions rooted in credible evidence. By cultivating inquiry and embedding research into everyday practice, EBP enhances clinical decision-making, reduces variability in care, and ensures that interventions are both patient-centered and contextually relevant. This aligns with international priorities such as universal health coverage and the Sustainable Development Goals, which emphasize equitable and effective care. The results reaffirm that the systematic application of the seven-step EBP model can significantly advance these goals in both developed and developing healthcare systems.

Educational Implications

The findings reveal that nursing education is the most critical entry point for cultivating a spirit of inquiry and introducing EBP. Students trained to formulate PICO questions, search databases, and appraise evidence demonstrated higher competence in research utilization. This suggests that integrating EBP into curricula must be prioritized rather than treated as supplementary content.

However, faculty preparedness remains a pressing issue. In many institutions, nurse educators themselves lack adequate training in EBP. This gap weakens the capacity of academic institutions to develop evidence-driven graduates. Faculty development programs, mentorship models, and collaboration with research-active faculty can provide sustainable solutions. Further, active learning strategies such as simulations, case-based discussions, and journal clubs can bridge theory-practice gaps and foster analytical thinking among students.

Clinical Practice Implications

In practice settings, the integration of EBP was found to enhance patient outcomes, improve satisfaction, and strengthen interdisciplinary collaboration. Nurses who applied the seven steps effectively were better able to tailor interventions to patient needs while also contributing to cost-effective care. However, systemic barriers such as hierarchical healthcare structures, resource limitations, and high workloads often limited nurses' ability to implement EBP fully.

Leadership support emerged as a critical enabler. Institutions that allocated time for EBP activities, facilitated access to databases, and provided incentives for innovation reported higher adoption rates. This underscores the need for healthcare administrators to recognize EBP as a strategic investment in quality improvement, rather than an optional activity.

Barriers to Integration

The review highlights persistent barriers to EBP integration, which can be categorized into individual, institutional, and systemic levels. At the individual level, lack of skills in critical appraisal and evidence synthesis hindered nurses' ability to utilize research effectively. At the institutional level, inadequate access to resources and insufficient mentorship were common barriers. Systemically, cultural resistance to change and dominance of traditional, physician-centered models of care limited nurses' autonomy in policy and decision-making.

These barriers indicate that while individual competence is necessary, systemic reforms are equally crucial. Without supportive environments, even highly skilled nurses may struggle to practice in evidence-based ways.

Opportunities and Enablers

Despite these challenges, opportunities exist to strengthen EBP integration. The results identified several enablers, including structured EBP training, mentorship, leadership advocacy, and interdisciplinary collaboration. In addition, advances in digital health and open-access platforms present opportunities for expanding resource availability. Professional nursing organizations can also play a pivotal role by advocating for EBP, offering training workshops, and creating platforms for dissemination of best practices.

Global experiences further highlight the potential of strategic interventions. For instance, countries that embedded EBP into national nursing standards and accreditation processes reported higher adoption rates. India and other developing countries can adapt these approaches by aligning EBP integration with existing health policies and national priorities.

Implications for Leadership and Policy

The findings indicate that EBP integration is not solely an academic or clinical issue but also a leadership and policy matter. Nurse leaders must advocate for institutional reforms that provide infrastructure, funding, and recognition for evidence-based initiatives. Policy-level interventions, such as mandating EBP competencies in nursing licensure exams or accreditation standards, can ensure wider and more sustainable adoption. Additionally, empowering nurses to hold decision-making positions in healthcare organizations and policy bodies can bridge the gap between evidence generation and policy implementation.

The Holistic Nature of EBP

A recurring theme across the findings is the holistic nature of nursing and the need to balance evidence with patient preferences and cultural contexts. EBP is not merely about applying research findings mechanically; it is about integrating scientific rigor with compassionate, patient-centered care. Nurses bring unique insights from their close interactions with patients and families, which enrich the evidence-application process. This underscores the importance of teaching EBP not only as a technical skill but also as an ethical and relational practice.

Future Directions

To strengthen integration, further research is needed to explore innovative teaching and practice models for EBP in resource-limited settings. Longitudinal studies can provide evidence on the sustained impact of EBP training on patient outcomes and workforce development. Additionally, there is a need to explore digital platforms and mobile learning solutions as cost-effective strategies for expanding EBP training and access to resources in India and similar contexts.

The discussion highlights that while challenges persist, the potential benefits of integrating the seven steps of EBP into nursing education and practice are profound. EBP equips nurses with the tools to lead in evidence-informed healthcare, enhances patient outcomes, and contributes to the advancement of the profession. Achieving this vision requires a multifaceted approach that combines educational reform,

institutional support, leadership advocacy, and systemic policy change. Ultimately, embedding EBP into nursing is not just about improving practice. It is about shaping a resilient, responsive, and future-ready healthcare system.

Recommendation

The findings of this review underscore the urgent need for a comprehensive strategy to strengthen the integration of the seven steps of Evidence-Based Practice (EBP) into nursing education and clinical practice. To achieve sustainable outcomes, recommendations are proposed at multiple levels: educational, clinical, institutional, and policy.

1. Educational Level

- **Curriculum Integration:** Nursing curricula should embed EBP as a core component, not an elective, ensuring students acquire competencies in inquiry, question formulation, evidence searching, critical appraisal, and dissemination.
- **Active Learning Approaches:** Case-based learning, simulations, and problem-solving exercises should be employed to cultivate critical thinking and practical application of evidence.
- **Faculty Development:** Regular training and workshops for educators are essential to ensure faculty can effectively teach, mentor, and model EBP in both classroom and clinical settings.

2. Clinical Practice Level

- **Creating EBP Champions:** Designating nurse leaders as EBP champions within units can provide role models, mentorship, and practical guidance for staff.
- **Protected Time for EBP Activities:** Nurses should be allocated dedicated time for searching, appraising, and implementing evidence, reducing conflict with routine workload.
- **Interdisciplinary Collaboration:** Encouraging collaboration with physicians, allied health professionals, and researchers can foster an environment supportive of evidence-informed care.

3. Institutional Level

- **Resource Accessibility:** Institutions should invest in subscriptions to databases (e.g., PubMed, Cochrane) and ensure access to digital libraries for all nursing staff.
- **Research Culture:** Establishing journal clubs, EBP workshops, and institutional research committees can promote ongoing inquiry and application of evidence.
- **Recognition and Incentives:** Nurses engaged in EBP activities should be recognized through awards, promotions, or professional advancement opportunities to sustain motivation.

4. Policy and Leadership Level

- **National Standards:** Regulatory bodies such as the Indian Nursing Council should mandate EBP competencies within accreditation and licensure frameworks.
- **Nursing Leadership in Policy:** Nurses should be represented in decision-making bodies at institutional, state, and national levels to ensure policy aligns with frontline realities.
- **Funding Support:** Allocating resources for research, faculty development, and institutional EBP initiatives is vital to sustain long-term integration.

Integrating the seven steps of EBP requires a collective commitment from educators, practitioners, administrators, and policymakers. By strengthening training, creating supportive environments, and recognizing nursing contributions, EBP can become an integral part of nursing culture, ensuring safer, more effective, and patient-centered care.

SUMMARY

Evidence-Based Practice (EBP) has become the cornerstone of modern nursing, aiming to bridge the gap between research and clinical decision-making. The seven steps of EBP—cultivating a spirit of inquiry, asking clinical questions, searching for the best evidence, critically appraising the evidence, integrating the evidence with expertise and patient preferences, implementing the change, and evaluating the outcomes—serve as a structured roadmap for nurses to deliver high-quality, patient-centered care. This manuscript highlights the importance of these steps and their systematic integration into nursing education and practice.

The review reveals that while awareness of EBP among nurses is growing, significant barriers persist, including limited access to resources, insufficient training, and workload pressures. Nursing education remains a critical platform to overcome these barriers, as the integration of EBP concepts into curricula ensures that students graduate with not only theoretical knowledge but also practical competencies in evidence application. Simulation-based teaching, case studies, and mentorship by faculty trained in EBP are strategies identified as effective in bridging the theory–practice gap.

In the clinical setting, the role of institutional support and leadership is emphasized. Nurses often struggle to incorporate EBP into daily practice due to competing demands. Therefore, hospitals and healthcare institutions must establish supportive environments by providing access to electronic databases, organizing journal clubs, and designating EBP champions who can mentor staff. Protected time for evidence searching and appraisal, as well as recognition and rewards for EBP-related contributions, can further enhance motivation and engagement.

At the policy level, national nursing bodies and regulators play a pivotal role in standardizing EBP competencies within accreditation and licensure requirements. Policies that promote funding for EBP initiatives, faculty development, and collaborative research are necessary to sustain progress. Furthermore, representation of nurses in policy-making forums ensures that clinical realities are reflected in decisions, enhancing both the relevance and feasibility of EBP integration.

The findings also highlight that interdisciplinary collaboration enriches the process of EBP. Nurses, physicians, and allied health professionals working together can generate innovative solutions to complex healthcare challenges, while respecting the uniqueness of nursing perspectives. The involvement of patients and families, as emphasized in the steps of EBP, ensures that care remains personalized and responsive to individual needs and values.

Ultimately, this review underscores that EBP is not just a technical process but a cultural shift in nursing practice. It requires consistent reinforcement through education, institutional support, and leadership commitment. By embracing the seven steps of EBP, nurses are empowered to become critical thinkers, lifelong learners, and change agents in healthcare. The integration of evidence into practice improves patient outcomes, enhances professional satisfaction, and strengthens the credibility of nursing as a science-driven discipline.

In conclusion, the successful integration of EBP in nursing education and practice requires a multi-pronged approach involving educators, practitioners, administrators, and policymakers. Building a culture of evidence use ensures that nursing care evolves in line with scientific advancements, thereby achieving the ultimate goal of safe, effective, and patient-centered healthcare.

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