ONLINE ISSN :3007-309X
PRINT ISSN :3007-3081

Journal of Medical & Health Sciences Review

NURSING STUDENTS' BELIEFS AND WILLINGNESS TO IMPLEMENT EVIDENCE-BASED NURSING PRACTICE (EBNP). A DESCRIPTIVE CROSS-SECTIONAL STUDY

Sadia Sathio[1], Muhammad Zakarya[2], Tasleem Bibi[3], Noor Fatima[4], Sawera Muhram[5], Amir Khan[6]

[1]BSN Graduate, Liaquat College of Nursing (LCON), Jamshoro, Liaquat University of Medical & Health Sciences, Jamshoro

[2]Clinical Instructor, Liaquat College of Nursing (LCON), Jamshoro
[3]Nursing Instructor, Liaquat College of Nursing (LCON), Jamshoro
[4]BSN Graduate, Liaquat College of Nursing (LCON), Jamshoro. Liaquat University of Medical & Health Sciences, Jamshoro
[5]BSN Graduate, Liaquat College of Nursing (LCON), Jamshoro, Liaquat University of Medical & Health Sciences, Jamshoro
[6]BSN Graduate, Beachwood Institute of Nursing. Liaquat University of Medical & Health Sciences, Jamshoro

ARTICLE INFO:

Keywords:
Evidence-Based Nursing Practice, Nursing Students' Belief, Willingness To Implement Ebp, Nursing Students, Nursing Education

Corresponding Author:
Sadia Sathio
College of Nursing (LCON), Jamshoro, Liaquat University of Medical & Health Sciences, Jamshoro
sadiasathio2@gmail.com

Article History:
Published on 15 July 2025

ABSTRACT

Background: It is critical to offer evidence-based practice (EBP) programs to undergraduate nursing students. Evidence- based nursing practice is essential for improving patient care, increasing clinical judgment, and encouraging professional development. Future nursing practices greatly depend on what nursing students think and are willing to do with EBNP. But a lack of knowledge and other implementation barriers may impact their preparedness and use in clinical settings.

Objective: The objective of this study was to assess nursing student belief and willingness to implement evidence-based nursing practice.

Methodology: A straightforward study was done with 141 nursing students using a set questionnaire that included the evidence-based practice belief (EBPB) scale and evidence-based practice implementation (EBPI) scale. Data were analyzed using SPSS version 23, including frequencies and percentages, to summarize the data.

Results: The study was conducted on a total sample of 141 participants, including 71 third-year students and 70 fourth-year students, and revealed around 62.41% knew the meaning of EBP. Only 36.17% had received training related to the EBP. Encouragingly, 86.52% of research participants were willing to apply evidence-based practice nursing. The study showed that more than 50% of students held positive beliefs about EBPN and

low implementation in their clinical.
Conclusion: There is a big difference between what nursing students believe and how willing or able they are to use EBNP in clinical settings. To overcome this gap and improve nursing practice in the future, it is suggested that educational methods like curriculum integration, mentor ship, workshops, and better access to evidence-based resources be used.

INTRODUCTION:

Evidence-based practice (EBP) is an approach that combines the professional knowledge and clinical expertise of healthcare providers, the most current and reliable research findings, and the individual preferences, values, and specific circumstances of the patient to deliver optimal care (Abu-Baker et al., 2021a). The primary objectives of evidence-based decision-making (EBDM) are to minimize inconsistencies in clinical and operational practices, elevate the overall standard and effectiveness of care delivery, optimize patient health outcomes, and achieve cost efficiency through informed and data-driven strategies (Connor et al., 2023). Societal views emphasize the public's expectation for the implementation of best practices (Scott & McSherry, 2009). Higher education institutions must consistently aim to adopt the most efficient and impact methods for educating students in the knowledge base and practical abilities essential for Evidence-Based Practice (EBP). This ensures that, when transitioning into clinical practice, they are well-prepared to integrate research-based evidence seamlessly and confidently into their decision-making processes in a clinical setting. This systematic review compiled the teaching strategies for evidence-based practice (EBP) that have been implemented in healthcare institutions globally over recent years (Kyriakoulis et al., 2016). Beginning with Wennberg's groundbreaking research in the 1960s, health services researchers have consistently highlighted the existence of systematic and unjustifiable differences in the delivery of medical care. These variations, observed over time, reflect patterns of under-utilization, over-utilization, and inappropriate application of healthcare interventions (Emparanza et al., 2015). It is necessary to create efficient strategies for encouraging a respect for research related to nursing. The advantages of undergraduate nursing research experience have been described in a number of studies. whereas only a small percentage of students have participated in these experiences. Educators need to work strategically to create research learning experiences for every undergraduate student (Hall et al., 2019). Using evidence to guide medical choices is widely seen as advantageous since it improves quality of care and raises patient safety. Although research has suggested this, a complete review of all the data remains outstanding. A thorough examination is required to identify the evidence based techniques being employed, their frequency, and their real impact throughout different medical settings. Evidence based techniques (EBP) have been a cornerstone of healthcare for thirty years. Major institutions including the ANCC, ANA, CDC, and NAM support EBP, which is now the recognized standard among medical personnel everywhere (Chien, 2019). By using evidence in medical decisions, one hopes to lower costs, improve quality of care, create better patient outcomes, and achieve more consistent results (Connor et al., 2023). Evidence-Based Practice (EBP) involves using the best available evidence to make informed decisions about patient treatment (Mai et al., 2023). It has been demonstrated that beliefs about EBP make its application easier. These perspectives cover nurses' attitudes on the value and benefits of EBP as well as their confidence in their own EBP

competency. Strong faith in EBP will help nurses to apply it more often than those who do not (Elmagd et al., 2024). The application of the most recent, reliable, and pertinent research findings in conjunction with real-world experience and accepted criteria for clinical decision-making is known as evidence-based practice (IEBP) (Elmagd et al., 2024). Often used interchangeably in nursing practice are the phrases evidence-based nursing and EBP. While EBP has been embraced by the nursing community, the concept of EBN has not yet materialized. It is still hard and demanding to put evidence into practice. There is lots of literature outlining issues related to EBN utilization (Scott & McSherry, 2009). Most nursing programs incorporating Evidence Based Practice follow five crucial stages, sometimes known as the 'five A's.' These include formulating a well structured clinical question (asking), identifying the most reliable evidence to answer it (acquiring), critically analyzing the evidence (appraising), applying the findings in practice (applying), and assessing the outcomes in light of the evidence (assessing). (Iradukunda & Mayers, 2020). Over several years, a systematic step by step method of instruction for Evidence Based Practice (EBP) has been shown to be effective. Students are introduced to online navigation, generating learning questions, and correct referencing in their first year. By the second year, they have progressed to developing PICO style questions, running evidence searches with appropriate databases, and critically analyzing it. Senior students concentrate on creating evidence based clinical guidelines, perfecting critical evaluation, understanding research methodology, and evaluating the quality of evidence (Iradukunda & Mayers, 2020). A nurse who provides excellent care in a safe and responsible manner has a key feature: EBP competence. Research, however, suggests a lack of EBP teaching in higher education, especially at the undergraduate level, which impacts undergraduate students' mastery of the subject. A lot of nurses found it difficult to assess and critically assess information because there was no undergraduate help on EBP. (Miliara et al., 2024). Undergraduate nursing students should be taught evidence based practice to increase their understanding of it, to reinforce their faith in its advantages for both patients and nurses, and to improve their self efficacy in EBP deployment. Improving the educational system and emphasizing the understanding and application of EBP are absolutely needed if this transformation is to be brought about (Abu-Baker et al., 2021b). Research consistently demonstrates that although undergraduate nursing students have favorable opinions of evidence-based practice (EBP) and its benefits for patient care, they also express numerous difficulties with its practical use in clinical settings. For example, according to a mixed-methods investigation, 118 undergraduate nursing students in the United States had trouble telling the difference between research and EBP. Although they could look for evidence, students struggled to incorporate it into plans for EBP adjustments or to share best practices (Abu-Baker et al., 2021b).

Study objectives:

To assess nursing students knowledge and understanding of EBNP.

To identify the level of beliefs and willingness to implement EBNP among nursing students.

Study purpose:

This study aims to assess the beliefs and implementation of evidence-based practice (EBP) among undergraduate nursing students. It seeks to evaluate their willingness to apply EBP in clinical settings.

Literature Review:

(Chien, 2019). Stresses in nursing research the need of evidence-based practice (EBP) and how it could improve patient outcomes as well as the significance of health care. Current nursing courses and clinical judgment-making heavily depend on evidence-based approach (EBP), which is Although EBP is obviously vital, its

effective integration into nursing education still proves challenging. Research reveals that whereas undergraduate nurses typically have beneficial views about EBP, they meet several challenges that impede their capacity to execute it efficiently. (Stokke et al., 2014); (Tlili et al., 2022). This review of literature summarizes data from numerous research on nursing students' views, desire to implement EBP, hurdles to adoption, and strategies for improving EBP integration into nursing courses. A number of research studies have found that undergraduate nurses have a generally beneficial perspective about EBP. (Abo Elmagd & Alharbi, 2024) discovered that 68.46% of Umm Al-Qura University second-year nursing students were ready to use EBP in their nursing duties, and 65.38% of them held the notion. fortunately there is a disparity between students' views and their actual use of evidence-based practice in clinical situations. (Abu-Baker et al., 2021) 241 undergraduate nurses were assessed, and the results showed that although the students' belief scores were reasonably high (mean: 54.32/80), their behavior levels were far lower (mean: 25.34/72).This disparity emphasizes the need for improved educational practices that bridge the gap between theoretical understanding and application in real life. 86.67% of students agreed that EBP was necessary for growth in their careers, yet 100% did not utilize the Current resource for evidence search (Mai et al., 2023). Age has been discovered to be a major factor affecting how nursing students see EBP. Compared with junior nursing students, seniors usually have better opinions on EBP. This could be attributed to increasing awareness of clinical work and competence with research procedures. According to a study on Saudi nursing students, older students' perspectives on EBP were more positive, most likely as a result of their greater exposure to clinical situations that prioritize research based practice. (Cruz et al., 2016). likewise, (Nantsupawat et al., 2023) revealed that seniors showed more confidence in their ability to retrieve and apply research findings, and that age was strongly connected with higher EBP competency levels. (Tlili et al., 2022) discovered that, in comparison to male students, female students had significantly greater mean scores in beliefs, abilities, and understanding of EBP. Female students were more probable than male students to use EBP techniques, according to a different study that involved 188 undergraduate nurses in Saudi Arabia. The researchers hypothesized that this disparity could result from variations in communication abilities, motivation, and readiness to apply evidence in practice (Cruz et al., 2016). 612 senior undergraduate nurses participated in a study in Jordan that found that final-year students' EBP believe and implementation scores were noticeably higher than those of their first academic years. (Abu-Baker et al., 2021). Moreover, (Mai et al., 2023) A survey of students studying nursing at Can Tho University indicated that third and fourth-year learners had a better comprehension and desire to implement evidence-based practice than students in their first and second years. Regardless of their optimistic attitudes, nursing students face numerous challenges when attempting to apply EBP. (Perruchoud et al., 2021) discovered that Swiss nurses in over a long period care settings evaluated EBP as difficult and lengthy, restricting its actual implementation. (Stokke et al., 2014) found several challenges, namely a lack of belief, inadequate supervision, and institutional restraints that prohibit students from adopting EBP efficiently in clinical environments. (Tlili et al., 2022) The study looked at determinants of EBP effectiveness across Tunisian nursing students and found that difficulties such as inadequate English proficiency, limited access to the entire text documents, and absence of study methodological training significantly hampered EBP implementation. Likewise, (Iradukunda & Mayers, 2020) noted that time limitations and a lack of knowledge about evidence-based clinical decision-making were major challenges for Rwandan

nursing students. These results highlight how worldwide the difficulties in implementing EBP in nursing education are. Many research support targeted educational interventions and planned curricular integration as ways to overcome the obstacles to EBP. (Chien, 2019) outlined a National Cheng Kung University action research-based strategy that greatly enhanced students' abilities by integrating EBP training into all four years of their nursing studies. (Song et al., 2021) also underlined the necessity of introducing EBP principles early on and providing continuous encouragement through clinical practice and training in order to develop proficiency and trust. (Kyriakoulis et al., 2016) found that diverse training approaches—combining instruction, seminars, as well as online resources—were more successful than single-method approaches in improving students' proficiency. This was the result of a systematic review that examined several educational tactics for EBP training. Similarly, (Ruzafa-Martínez et al., 2024) shown that students' capacity to evaluate and practically implement research findings was greatly enhanced by an EBP-focused curriculum. (Elmagd et al., 2024) The study looked into the influence of an evidence-based practice program on Saudi nursing students and discovered that organized EBP teaching resulted in significant improvements in their faith and utilization results. Students who completed the course said they felt more confident in their capacity to evaluate research critically and apply evidence-based methods to patient care. These results strengthen the argument that training pupils to apply evidence-based therapies in clinical practice depends on methodical education in EBP. The authors (Laokosin et al., 2024) highlight how crucial it is to incorporate systematic EBP instruction into nursing programs in order to close the knowledge gap between theory and practice. To make sure nursing students are ready to apply EBP in geriatric care, they advise expanding access to research materials, adding practical training, and encouraging critical thinking. According to the study, in order to improve nurse practice and education, more research should confirm EBP frameworks of competency. Implementing EBP requires guidance and practical clinical expertise. .(Abu-Baker et al., 2021) revealed that students who had previously undergone EBP training exhibited considerably higher levels of adoption than to those lack prior experience. Likewise, (Melnyk et al., 2014) highlighted how crucial teacher direction and organized mentoring are to helping nursing students develop an EBP culture. (Miliara et al., 2024) Greek nursing undergraduate students' EBP competency was evaluated, and the results showed that although the students showed a moderate level of competency, opportunities for real-world application were required to strengthen their learning. Their results are consistent with suggestions made by (Tlili et al., 2022), who proposed that integrating practical EBP assignments, research work experience, and clinical partnerships could improve students' capacity to apply their academic understanding. Beyond nurse education, EBP improves the effectiveness and quality of healthcare as a whole. (Connor et al., 2023) evaluated the effect of EBP on patient satisfaction and return on investment (ROI) for the healthcare system using a scoping analysis of 636 research. The results showed that treatments based on evidence were linked to better outcomes for patients, such as decreased mortality (12%), fewer hospital stays (15%), and higher infection prevention (34%). The economic benefits of implementing EBP in healthcare settings is further supported by the fact that 94% of studies evaluating ROI indicated a positive financial return. (Perruchoud et al., 2021) It was also discovered that nurses who actively participated in EBP had more job pleasure and professional development, both of which improved patient care. In order to guarantee that aspiring medical professionals can provide high-quality, evidence-based care, our findings emphasize

the importance of including EBP training within nursing education.

METHODOLOGY:

Research Design:

A cross-sectional study design was conducted to assess nursing students' beliefs and willingness to implement evidence-based nursing practice (EBNP).

Study Setting:

This study was conducted in two nursing colleges:

- The Liaquat College of Nursing (LCON), Jamshoro.
- The People's Nursing School, jamshoro.

Study Population:

The study population consisted of undergraduate nursing students studying at Liaquat College of Nursing (female), Jamshoro, and Peoples Nursing School.

Sample Size:

The sample size of 141 calculated for this study was determined using the RaoSoft online sample size calculator, with the following parameters:

- Confidence level: 95%
- Margin of error: 5%

Sampling Technique:

A non-probability, convenience sampling technique was used to collect the data.

Data Collection Process:

Permission was granted by the director of the people's nursing school and principal of Liaquat College of Nursing (female), Jamshoro. Participants were completely informed about the goals, methods, dangers, and advantages of the research. Verbal and written informed consent was obtained, guaranteeing voluntary participation and withdrawal at any time without impacting care.

Data Collection Tool:

The data for this study was collected using a structured questionnaire aimed at assessing nursing students' beliefs and willingness to implement evidence-based nursing practice (EBNP). Two scales were used: the EBPB scale and the EBPI scale. In addition, demographic data such as age, gender, year of study, prior training in EBNP, and experience in research-related activities were collected. Measuring individual beliefs about the value of EBP and the ability to apply it, the EBPB scale has 16 statements. Respondents were requested to indicate on a five-point Likert scale from "strongly agree" (1) to "strongly disagree" (5) the extent to which they either concur or disagree with the 16 statements. Participants respond on a five-point frequency scale to 15 statements that make up the EBPI scale. The questions are linked to the actual use of EBP in professional practice and measure the essential components and steps of EBP." The answers range from "not at all" (1) to "a great extent" (5).

Data Analysis:

Data were analyzed using SPSS version 23. Descriptive statistics, including frequency and percentage, were used to summarize the data.

Ethical Considerations:

Permission was granted by Director of Peoples Nursing School, Jamshoro. and Principle, Liaquat College of Nursing (female) Jamshoro. Participants were fully informed about the study's purpose, procedures, risks and benefits. Verbal and written informed consent was obtained, ensuring that participation was voluntary and the participants could withdraw at an any time when they wish to discontinue.

RESULTS:

Demographic analysis:

Figure: 01 Third year and fourth year distribution among study participation

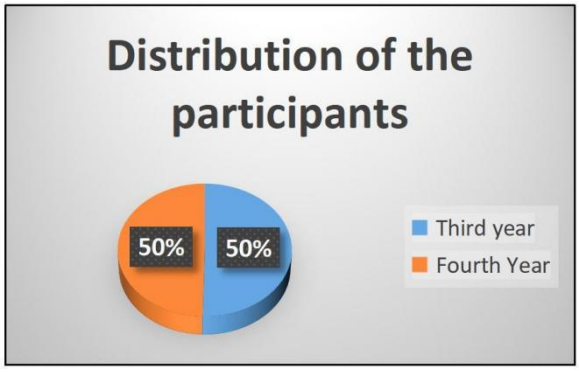

figure: 01 shows that 71 (50.35%) were third year and 70 (49.64%) were fourth year nursing students.

Figure: 02 Age-wise distribution of study participants

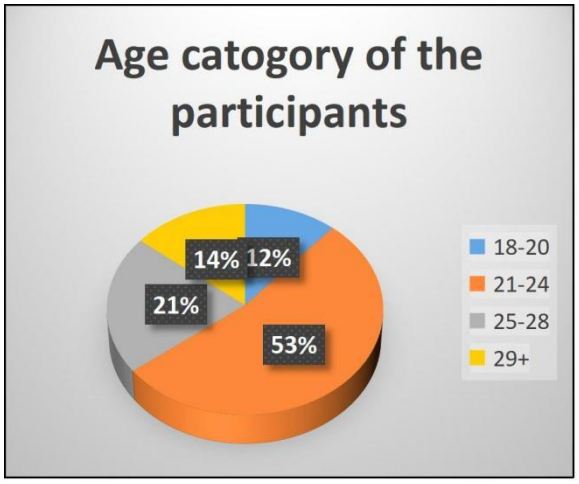

Figure: 02 shows the majority of the study participants were age between 21-24 (53%). There were only 16 (12%) were in 18-20 years of age while only 30 (21%) were in 25-28 years and above aged.

Figure: 03 Gender distribution of study participants

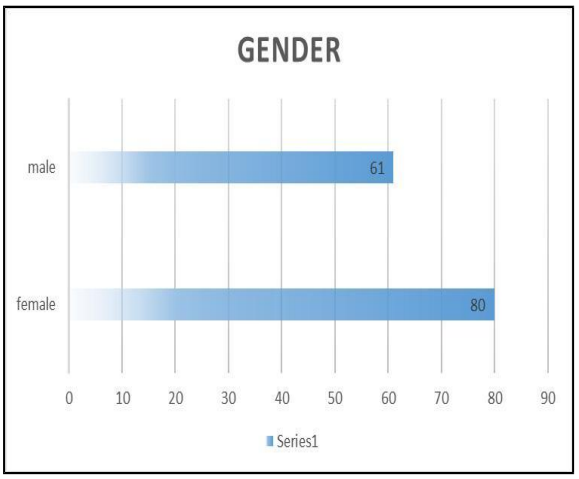

Figure: 03 show 80 (56.73%) were females and 61 (43.26%) were males

Figure: 04 Distribution of participants based on attendance of EBP training programs

Figure: 04 shows that 90 (64%) students did not attend the program related to EBP, while 51 (36%) did.

Figure: 05 Distribution of the participants based on their understanding of EBP.

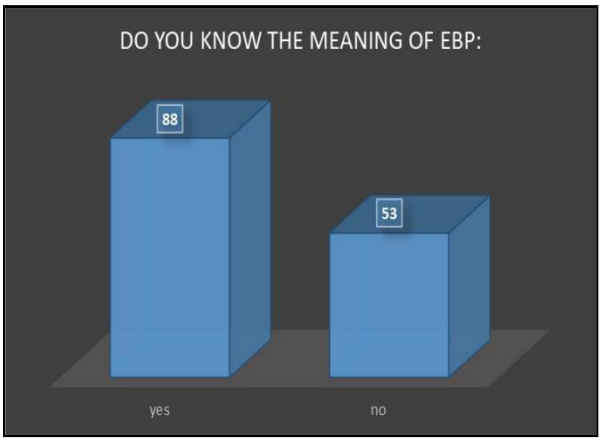

Figure: 05 shows that the 88 (62.41%) students knows the meaning of EBP, while 53 (37.58%) did not know about the EBP.

Figure: 06 Distribution of participants based on their willingness to apply EBP nursing

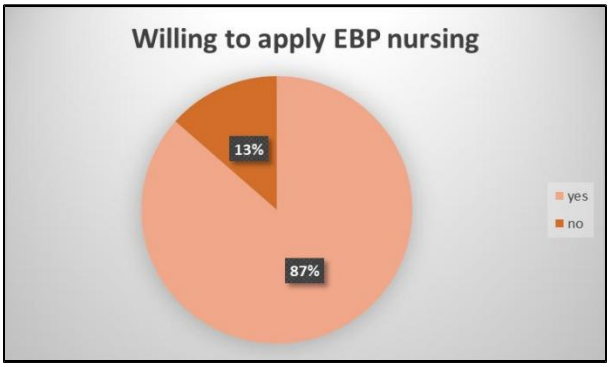

Figure: 06 shows 122 (86.52%) students were willing to apply EBP nursing and 19 (13.47%) were not willing.

TABLE NO: 01 Percentage distribution of the EBPB sub-scale among nursing students (n = 141).

EBPB subscale	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	No %	No %	No %	No %	No %
I believe that EBP results in the best clinical care for patients.	36 (25.53)	50 (35.46)	9 (6.38)	23 (16.31)	23 (16.31)
I am sure that evidence-based guidelines can improve clinical care.	40 (28.36)	38 (26.95)	17 (12.05)	30 (21.27)	22 (15.60)
I am sure that implementing EBP will improve the care that I deliver to my patients.	30(21.27)	20 (14.18)	22 (15.60)	45 (31.91)	24 (17.02)
I believe that critically appraising evidence is an important step in the EBP process.	18 (12.76)	46 (32.62)	20 (14.18)	44 (31.20)	13 (9.21)
I believe the care that I deliver is evidence-based.	10 (7.09)	19 (13.47)	15 (10.63)	40 (28.36)	57 (40. 42)
I am sure about how to measure the outcomes of clinical care.	8 (5.67)	15 (10.63)	10 (7.09)	49 (34.75)	59 (41.84)
I am sure that I can implement EBP.	19 (13.47)	32 (22.69)	20 (14.18)	30 (21.27)	40 (28.36)
I am clear about the steps of EBP .	21 (14.89)	24 (17.02)	18 (12.76)	35 (24.82)	43 (30.49)
I believe that I can search for the best evidence to answer clinical questions in a time efficient way.	27 (19.14)	30 (21.27)	10 (7.09)	33 (23.40)	41 (29.07)
I believe that I can overcome barriers in implementing EBP.	31 (21.98)	39 (27.65)	12 (8.51)	29 (20.56)	30 (21.27)
I believe that EBP takes too much time.	58 (41.13)	50 (35.46)	5 (3.54)	18 (12.76)	10 (7.09)
I am sure that I can access the best resources in order to implement EBP.	34 (24.11)	44 (31.20)	10 (7.09)	21 (14.89)	32 (22.69)
I believe EBP is difficult.	20 (14.18)	31 (21.98)	8 (5.67)	37 (26.24)	45 (31.91)
I know how to implement EBP sufficiently enough to make practice changes.	19 (13.47)	22 (15.60)	11 (7.80)	41 (29.07)	48 (34.04)
I am confident about my ability to implement EBP where I work.	23 (16.31)	18 (12.76)	9 (6.38)	44 (31.20)	48 (34.04)
I am sure that I can implement EBP in a time-efficient way.	25 (17.73)	50 (35.46)	12 (8.51)	23 (16.31)	31 (21.98)

Table 1 represents the belief of nursing students regarding evidence-based practice (EBP) were assessed using the EBPB sub-scale. Out of 141 participants, 25.53% strongly agreed and 35.46% agreed that EBP yields the greatest clinical care for patients, hence pointing to a usually favorable opinion in its efficacy. Likewise, 28.36% agreed very strongly and 26.95% agreed that evidence-based guidelines can raise clinical care. However, views on personal implementation were more diverse.Only 21.27% strongly agreed and 14.18% agreed that they might improve care delivery via EBP; 31.91% disagreed and 17.02% strongly disagreed. Furthermore, just 12.76% strongly agreed and 32.62% agreed that critical evaluation of evidence is crucial, but 31.20% disagreed, implying varied awareness of EBP procedures. Only 7.09% strongly agreed and 13.47% agreed when asked if their current care is evidence-based; 40.42% strongly disagreed. Regarding result assessment, just 5.67% strongly agreed and 10.63% agreed they were sure; 34.75% disagreed and 41.84% strongly disagreed. Low levels of confidence were found in the implementation of EBP: 22.69% agreed they could implement EBP, 13.47% strongly agreed, and 28.36% strongly disagreed. In a similar vein, just 17.02% agreed and 14.89% strongly agreed that they comprehended the phases of EBP. When it comes to efficiently searching for proof, 19.14% strongly agreed, 21.27% agreed, and 23.40% disagreed, with 29.07% strongly disagreeing. Notably, 21.98% strongly agreed, while 27.65% felt that they could overcome challenges to implementing EBP, indicating some hope. A big percentage (41.13%) strongly considered that EBP takes too long, whereas 35.46% agreed. When asked if they have access to the best EBP resources, 24.11% highly agreed, 31.20% agreed, and just 22.69% strongly disagreed. In terms of EBP's difficulties, 14.18% highly agreed, 21.98% agreed, 26.24% disagreed, and 31.91% strongly disagreed. likewise, only 13.47% strongly agreed and 15.60% agreed they understand how to apply EBP adequately for practice improvements, while only 16.31% strongly agreed and 12.76% said they felt confident adopting EBP in their workplace. Finally, 17.73% strongly agreed, 35.46% thought they could adopt EBP in a timely way, and 21.98% strongly disagreed.

TABLE NO: 02 Percentage distribution of the EBPI scale among nursing students (n = 141).

EBPI statement scale	Not at all	To small extent	To some extent	To moderate extent	To great extent
	No %	No %	No %	No %	No %
Collected data on a patient problem.	22 (15.60)	39 (27.65)	42 (29.78)	20 (14.18)	18 (12.76)
Evaluated a care initiative by collecting patient outcome data.	20 (14.18)	41 (29.07)	39 (27.65)	20 (14.18)	21 (14.89)
Used evidence to change my clinical practice.	55 (39.00)	33 (23.40)	20 (14.18)	15 (10.63)	18 (12.76)
Critically appraised evidence from a research study.	49 (34.75)	40 (28.36)	22 (15.60)	20 (14.18)	10 (7.09)
Generated a PICO question about my clinical practice.	50 (35.46)	37 (26.24)	23 (16.31)	19 (13.47)	12 (8.51)
Informally discussed evidence from a research study with a colleague.	17 (12.05)	33 (23.40)	40 (28.36)	31 (21.98)	20 (14.18)
Shared evidence from a study/ies in	50	30	25	18	18

the form of a report or presentation to > 2 colleagues.	(35.46)	(21.27)	(17.73)	(12.76)	(12.76)
Read and critically appraised a clinical research study.	39 (27.65)	21 (14.89)	32 (22.69)	30 (21.27)	19 (13.47)
Shared an EBP guideline with a colleague.	34 (24.11)	19 (13.47)	33 (23.40)	35 (24.82)	20 (14.18)
Shared evidence from a research study with a patient/family member.	30 (21.27)	38 (26.95)	39 (27.65)	18 (12.76)	16 (11.34)
Shared evidence from a research study with a multidisciplinary team member.	40 (28.36)	29 (20.56)	35 (24.82)	26 (18.43)	11 (7.80)
Evaluated the outcomes of a practice change.	27 (19.14)	27 (19.41)	35 (24.82)	35 (24.41	17 (12.05)
Shared the outcome data collected with colleagues.	33 (23.40)	30 (21.27)	29 (20.56)	24 (17.02)	25 (17.73)
Used an EBP guideline or systematic review to change clinical practice where I work.	29 (20.56)	38 (26.95)	39 (27.65)	19 (13.47)	16 (11.34)
Changed practice based on patient outcome data.	39 (27.65)	28 (19.85)	30 (21.27)	23 (16.31)	21 (14.89)

Table 2 represents the evaluation of the EBPI scale found that many of nursing students used EBP rarely in clinical practice. Only a tiny minority reported extensive EBP-related activity. For example, just 12.76% reported collecting extensive patient data on an issue, and 15.60% did not do this activity at all. Similarly, only 14.89% examined care outcomes extensively, however 14.18% were not involved in such an activity at all. While questioned if they used evidence to change their clinical practice, 39% said "not at all," and only 12.76% said they had done so extensively. 34.75% of students did not conduct any critical appraisals of research findings, and only 7.09% reported doing so substantially. Generating a PICO inquiry was also limited, with 35.46% indicating no experience and only 8.51% participating to a significant amount. Informal talks of research evidence with coworkers were more usual, with 14.18% reporting extensive discussions. However, 35.46% of respondents did not provide evidence formally via reports or presentations. Only 13.47% of respondents read and appraised clinical research extensively, while 27.65% did not do so at all. Sharing EBP recommendations with coworkers was fairly carried out with 24.82% doing so to a moderate degree. However, evidence sharing with patients, families, and multidisciplinary teams remained minimal. Evaluating the consequences of changes in practice and sharing this data with peers shown low to moderate engagement, with less than 18% undertaking these tasks to a high degree. Finally, the use of EBP recommendations or practice changes depending on outcomes for patients was restricted, with the majority of replies falling into the "not at all" or "to a small extent" categories.

DISCUSSION

The current study aimed to explore the beliefs and willingness of nursing students to implement Evidence-Based Practice (EBP), using standardized tools to assess both belief (EBPB) and implementation

(EBPI) scales. The findings reveal several critical insights into students' attitudes, knowledge, and actual engagement in EBP, reflecting both potential and challenges in nursing education. One of the most significant findings was that evidence-based practice (EBP) offers the best clinical care for patients. A large percentage of respondents (35. 46% agreed and 25. 53% strongly agreed) expressed strong confidence in the EBP's efficacy. This shows that the majority of students value EBP conceptually. Similar results were reported by Abo Elmagd and Alharbi (2024), who found that 68.46% of students showed willingness to apply EBP in nursing care. This belief indicates that students understand the value of integrating scientific evidence into patient care. However, despite this positive belief, there was a contrasting response to "I believe the care that I deliver is evidence-based," where only 7.09% strongly agreed, and a large proportion (40.42%) strongly disagreed. This suggests a gap between belief and actual practice. It highlights that even though students may agree conceptually about the importance of EBP, they may not think their current clinical therapies meet the requirements of evidence-based practice. AbuBaker et al. (2021) contend that insufficient EBP training, limited resource availability, and a lack of institutional support are often the causes of this disconnect. In terms of actual practice, responses from the EBPI scale showed that "Used evidence to change my clinical practice" had 39% of students responding "not at all," and only 12.76% doing so to a great extent. This indicates that while EBP is well-recognized in theory, it remains underutilized in student practice. Similarly, "Critically appraised evidence from a research study" revealed that 34.75% had never done this, suggesting a need to integrate critical appraisal training early in the nursing curriculum. Song et al. (2021) highlighted that early exposure and repeated EBP activities significantly reinforce students' application skills and improve competency. Another essential aspect of EBP is the formulation of clinical questions using frameworks like PICO. But according to the survey, just 8.51% had developed a PICO question to a significant degree, and 35.46% had never done so. This finding implies that students do not receive organized instruction on how to start the EBP process, especially when it comes to recognizing clinical issues and creating pertinent questions. The significance of teaching such fundamental EBP abilities in the early academic years was emphasized by Ruzafa-Martínez et al. (2024). The belief that "EBP takes too much time" was held by a majority (41.13% strongly agreed and 35.46% agreed). Time constraints are a common barrier in both student and professional practice. This perception may prevent students from using EBP. According to Connor et al. (2023), offering simple access to resources like digital libraries and pre-approved evidence summaries can assist address this problem. When asked whether students believed that EBP is difficult, 14.18% strongly agreed and 21.98% agreed. These results emphasize once again perceived complexity as an impediment. Nonetheless, a range of opinions were evident as almost 58% disapproved or strongly disagreed. Simplification and hands-on seminars could help to close this gap in educational programs. Kyriakoulis et al. (2016) emphasized the need of diverse instructional strategies including the inclusion of mentorship, clinical experience, and lectures. One encouraging finding was that 27.65% of students reported reading and appraising clinical research studies, with 13.47% doing so to a great extent. While this is still a minority, it indicates a growing engagement with research among students. Supporting this, the item "Shared an EBP guideline with a colleague" showed moderate activity, with 24.82% engaging at a moderate extent and 14.18% to a great extent, demonstrating some level of knowledge dissemination. Sharing evidence with patients or families, a crucial element of patient-centered care, was notably lower. Only 11.34% had done this

to a great extent. This reflects hesitancy or lack of training in communicating evidence effectively. Melnyk et al. (2014) recommend that nursing curricula should not only teach EBP but also include communication skills for discussing evidence with patients and families. Moreover, students were asked if they "used an EBP guideline or systematic review to change clinical practice", and only 11.34% responded "to a great extent," while 20.56% responded "not at all." This shows that EBP services are underutilized or unavailable during clinical placements. Improving access to resources like UpToDate, Cochrane Library, and PubMed may help students to use evidence in real-time decisions (Mai et al., 2023). A further gap was observed in the item "I know how to implement EBP sufficiently enough to make practice changes", where only 13.47% strongly agreed. This lack of preparedness shows a need for deeper integration of EBP training throughout the curriculum. Laokosin et al. (2024) emphasize that structured, continuous EBP education is key to improving readiness and competence. Finally, the belief that "I can implement EBP in a time-efficient way" was moderately positive, with 17.73% strongly agreeing and 35.46% agreeing. While promising, this still shows that a significant number of students remain unsure or doubtful, highlighting the need to build time-management skills within EBP education.

CONCLUSION

This study indicates that nursing students generally demonstrate a positive belief towards EBP in improving clinical care and patient outcomes. However, a noticeable gap persists between belief and actual implementation of EBNP in clinical settings. The study highlights the need for integrating comprehensive EBNP-focused educational interventions and practical application within nursing curricula. Workshops, mentorship programs, and access to up-to-date clinical evidence resources can further enhance students' competence and confidence in applying EBNP in real-world clinical practice.

Recommondations:

Integrate EBP into Nursing Curriculum:
Educational institutions should include EBP as a core component across all academic years. Courses should focus on EBP concepts, critical appraisal of literature, and practical application of research evidence in clinical settings.

Conduct workshops and training sessions:
Organize hands-on workshops on EBP tools such as PICO question development, database searching, and critical appraisal. Provide simulation-based and case-based learning experiences to reinforce EBP implementation.

Enhance faculty and clinical mentorship:
Faculty and clinical mentors should be trained in EBP to effectively guide students during clinical practice. Mentors can act as role models to promote EBP thinking and behavior among students.

Promote a supportive clinical environment:
Collaborate with healthcare institutions to create a culture that encourages evidence-based nursing. Encourage student participation in EBP projects and decision-making processes during clinical rotations.

Foster research and publication culture
Encourage students to engage in research activities, present at conferences, and publish findings related to EBP. Creating student-led research forums can help nurture interest in applying evidence to prcatice.

Acknowledgment
My sincere thanks are extended to all the 3rd and 4th year students who participated in the study. Foremost, I would like to express my sincere gratitude to my respected teacher, Sir Muhammad Zakarya, for the continuous support in my study and for his patience, enthusiasm, motivation, and immense knowledge.

Conflict of Interest
None

REFERENCES

1. Abu-Baker, N. N., AbuAlrub, S., Obeidat, R. F., & Assmairan, K. (2021a). Evidence-based practice beliefs and implementations: a cross-sectional study among undergraduate nursing students. *BMC Nursing*, *20*(1), 4–11. https://doi.org/10.1186/s12912-020-00522-x

2. Abu-Baker, N. N., AbuAlrub, S., Obeidat, R. F., & Assmairan, K. (2021b). Evidence-based practice beliefs and implementations: a cross-sectional study among undergraduate nursing students. *BMC Nursing*, *20*(1). https://doi.org/10.1186/s12912-020-00522-x

3. Chien, L. Y. (2019). Evidence-based practice and nursing research. *Journal of Nursing Research*, *27*(4), 2019. https://doi.org/10.1097/jnr.0000000000000346

4. Connor, L., Dean, J., McNett, M., Tydings, D. M., Shrout, A., Gorsuch, P. F., Hole, A., Moore, L., Brown, R., Melnyk, B. M., & Gallagher-Ford, L. (2023). Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. *Worldviews on Evidence-Based Nursing*, *20*(1), 6–15. https://doi.org/10.1111/wvn.12621

5. Elmagd, M. H. A., Alharbi, M., & Alhazmi, W. (2024). *The Influence of an Evidence-Based Practice Course on Saudi Nursing Students ' Beliefs About and Implementation of Evidence-Based Practice : A Cross-Sectional Comparative Study*. *16*(10). https://doi.org/10.7759/cureus.72243

6. Emparanza, J. I., Cabello, J. B., & Burls, A. J. E. (2015). Does evidence-based practice improve patient outcomes? An analysis of a natural experiment in a Spanish hospital. *Journal of Evaluation in Clinical Practice*, *21*(6), 1059–1065. https://doi.org/10.1111/jep.12460

7. Hall, C. A., Skelly, C., Risher, C., & Pagano, M. (2019). Student Perceptions of Nursing Research Following an Experiential Learning Activity. *Journal of Education and Practice*, *10*(18), 11–15. https://doi.org/10.7176/jep/10-18-02

8. Iradukunda, F., & Mayers, P. M. (2020). Rwandan nursing students' knowledge, attitudes and application of evidence-based practice. *Curationis*, *43*(1), 1–7. https://doi.org/10.4102/curationis.v43i1.2005

9. Kyriakoulis, K., Patelarou, A., Laliotis, A., Wan, A. C., Matalliotakis, M., Tsiou, C., & Patelarou, E. (2016). Journal of Educational Evaluation for Health Professions Educational strategies for teaching evidence-based practice to undergraduate health students: systematic review. *J Educ Eval Health Prof*, *13*(34), 1–10. http://dx.doi.org/10.3352/jeehp.2016.13.34

10. Mai, N. T. T., Pham, L. A., & Ngo, T. D. (2023). Survey on Evidence–Based Practice Beliefs and Implementation Among Undergraduate Nursing Students At Can Tho University of Medicine and Pharmacy in 2022. *Tạp Chí Y Dược Học Cần Thơ*, *6*, 178–184. https://doi.org/10.58490/ctump.2023i6.741

11. Miliara, E., Kalokairinou, A., Schetaki, S., Patelarou, E., & Patelarou, A. (2024). Evaluation of Evidence-Based Practice Competency among Greek Undergraduate Nursing Students. *Healthcare*, *12*(18), 1811. https://doi.org/10.3390/healthcare1218181

12. Scott, K., & McSherry, R. (2009). Evidence-based nursing: Clarifying the concepts for nurses in practice. *Journal of Clinical Nursing*, *18*(8), 1085–1095. https://doi.org/10.1111/j.1365-2702.2008.02588.x

13. Abo Elmagd, M. H., & Alharbi, M. (2024). Nursing Students' Beliefs and Willingness to Implement Evidence-Based Nursing Practice at Umm Al-Qura University: A Descriptive Cross-Sectional Study. *Cureus*, *16*(4). https://doi.org/10.7759/cureus.58521

14. Cruz, J. P., Colet, P. C., Alquwez, N., Alqubeilat, H., Bashtawi, M. A., Ahmed, E. A., & Cruz, C. P. (2016). Evidence-based practice beliefs and implementation among the nursing bridge program students of a Saudi University. *International Journal of Health Science*, *10*(3), 405–414. https://doi.org/10.12816/0048735

15. Laokosin, N., Ponathong, C., & Yongsorn, C. (2024). Evidence-Based Practice: The Essential Competency of Nursing Students for the Aging World. *International Education Studies*, *17*(2), 63. https://doi.org/10.5539/ies.v17n2p63

16. Melnyk, B. M., Gallagher-Ford, L., Long, L. E., & Fineout-Overholt, E. (2014). The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing*, *11*(1), 5–15. https://doi.org/10.1111/wvn.12021

17. Nantsupawat, A., Wichaikhum, O. A., Abhicharttibutra, K., Udkunta, K., Poghosyan, L., & Shorey, S. (2023). Factors influencing evidence-based practice among undergraduate nursing students: A cross-sectional analysis. *International Journal of Nursing Sciences*, *10*(3), 367–372. https://doi.org/10.1016/j.ijnss.2023.06.002

18. Perruchoud, E., Fernandes, S., Verloo, H., & Pereira, F. (2021). Beliefs and implementation of evidence-based practice among nurses in the nursing homes of a Swiss canton: An observational cross-sectional study. *Journal of Clinical Nursing*, *30*(21–22), 3218–3229. https://doi.org/10.1111/jocn.15826

19. Ruzafa-Martínez, M., Fernández-Salazar, S., Leal-Costa, C., & Ramos-Morcillo, A. J. (2024). Determinants of Evidence Implementation by Nurses: #Evidencer Model for the Use of Evidence-Based Practice (#EvidencerMUSEBP) - A Structural Equation Model. *Journal of Nursing Management*, *2024*. https://doi.org/10.1155/2024/7246547

20. Song, C., Kim, W., & Park, J. (2021). What should be considered in the evidence-based practice competency-based curriculum for undergraduate nursing students? From the student's point of view. *International Journal of Environmental Research and Public Health*, *18*(20). https://doi.org/10.3390/ijerph182010965

21. Stokke, K., Olsen, N. R., Espehaug, B., & Nortvedt, M. W. (2014). Evidence based practice beliefs and implementation among nurses: A cross-sectional study. *BMC Nursing*, *13*(1). https://doi.org/10.1186/1472-6955-13-8

22. Tlili, M. A., Aouicha, W., Tarchoune, S., Sahli, J., Ben Dhiab, M., Chelbi, S., Mtiraoui, A., Ajmi, T., Ben Rejeb, M., & Mallouli, M. (2022). Predictors of evidence-based practice competency among Tunisian nursing students. *BMC Medical Education*, *22*(1), 1–9. https://doi.org/10.1186/s12909-022-03487-4