DOI: https://doi.org/10.54393/nrs.v5i3.76

NURSEARCHER
https://www.nursearcher.com/index.php/nrs
ISSN (P): 2958-9746, (E): 2958-9738
Volume 5, Issue 3 (July - September 2025)

Original Article

OPEN ACCESS

Examining Clinical Instructors' Understanding, Perspectives, and Implementation of Evidence-Based Practice (EBP): A Multi-Institutional Study

Tahira Yasmin[1*], Tasleem Kausar[2] and Fazeelat Anwar[3]

[1]Continental College of Nursing, Lahore, Pakistan
[2]Sir Ganga Ram Hospital, Lahore, Pakistan
[3]Pakistan Institute of Medical Sciences, Islamabad, Pakistan

ARTICLE INFO

Keywords:
Clinical Instructors' Implementation, Evidence-Based Practice, Facilitators, Perspectives

How to Cite:
Yasmin, T., Kausar, T., & Anwar, F. (2025). Examining Clinical Instructors' Understanding, Perspectives, and Implementation of Evidence-Based Practice (EBP): A Multi-Institutional Study: Clinical Instructors' Understanding, Perspectives, and Implementation EBP. NURSEARCHER (Journal of Nursing & Midwifery Sciences), 5(3), 15-20. https://doi.org/10.54393/nrs.v5i3.76

***Corresponding Author:**
Tahira Yasmin
Continental College of Nursing, Lahore, Pakistan
tahirayasmeen155@gmail.com

Received Date: 10th February, 2025
Revised Date: 26th July, 2025
Acceptance Date: 3rd August, 2025
Published Article: 30th September, 2025

ABSTRACT

The adoption of evidence-based practice in healthcare has gathered significant appreciation across disciplines, aiming to improve patient care outcomes. In nursing, the primary objective is to deliver safe and standardized care by integrating evidence-based practice into clinical decision-making. Consequently, nursing educators must equip future nurses with the skills to decrease mortality rates and enhance patients' quality of life through the utilization of the best available evidence. **Objectives:** To assess the understanding, perspectives, and implementation of evidence-based practice among clinical instructors across five nursing educational institutes. **Methods:** A descriptive cross-sectional design was employed for this study. A total of 110 clinical instructors from both public and private sector educational institutes were recruited using convenience sampling. Participants completed a structured self-administered questionnaire, and data were measured using descriptive and inferential statistics in SPSS (Version 23.0). **Results:** Clinical instructors possessing master's degrees demonstrated a good understanding of evidence-based practice steps and their application. On the other hand, no significant differences (p-value>0.05) were received in overall perspectives towards evidence-based practice based on gender, qualification, and experience. **Conclusions:** It was concluded that clinical instructors with master's degrees demonstrated favourable perspectives and practices towards evidence-based practice. Female showed higher knowledge scores, while male excelled in perspectives and implementation.

INTRODUCTION

Evidence-based practice (EBP) has received worldwide acknowledgment from the healthcare industry in improving healthcare delivery and suggesting solutions for patients and families [1-3]. EBP is a clinical decision-making approach in which current research evidence is incorporated with healthcare provider competence, and clients' preferences [4-8]. Recently, the nursing profession has had to face technological advancement along with new emerging health conditions and diseases as a complex challenge to deal with [9, 10]. This has shifted a great responsibility to train coming nursing generations to tackle these complexities tactfully by adopting new teaching and learning techniques and updating their knowledge [11]. Therefore, this is the need of the hour that old clinical and teaching practices should be transformed with active engagement from both educators and clinical instructors [12, 13]. The incorporation of EBP into the culture of organizations is a time-consuming task that requires active management and enough resources [14, 15]. Despite the great significance of EBP the nursing faculty faces many challenges in training and transferring EBP knowledge and skills in nursing students [16]. The research highlighted that clinical instructors play a significant role in implementing guidelines and procedural checklists to

DOI: https://doi.org/10.54393/nrs.v5i3.76

ensure EBP application in clinical settings. Nursing faculty also play an important role in supervising students regarding EBP techniques while performing nursing care procedures [17, 18]. Nursing education plays as a cornerstone in nurturing a shift towards scientific inquiry which is necessary for navigating the complex and evolving healthcare landscape [19]. Moreover, both undergraduate and graduate nursing students are expected not only to practice EBP but also to contribute to generating new research-based knowledge [20]. Nursing instructors bear the responsibility of instilling a spirit of inquiry and critical thinking in their students, facilitating their ability to apply these skills long after graduation [4]. Overcoming the challenge of imparting skills rooted in scientific principles, rather than relying solely on traditional methods, is crucial for nursing educators [21]. EBP necessitates that nurse clinicians base their actions on clinically relevant research, rather than relying solely on traditional, experience-based approaches, prompting clinical educators to expand their teaching methodologies beyond conventional resources [12].

This study aims to assess the understanding, perspectives, and implementation of EBP among clinical instructors across five nursing educational institutes. This study includes questions: What is the clinical instructor's level of understanding, perspectives, and implementation of EBP? Is there any difference between clinical instructors' demographic characteristics and the level of understanding, perspectives, and implementation of EBP?

METHODS

A descriptive cross-sectional study was conducted for 6 months from May 2024 to Oct 2024 at six nursing colleges including both public and private sectors after getting ethical Approval. This study involves a total of n=110 clinical instructors (CIs). Inclusion criteria were Master of Science in Nursing (MSN)/ Master of Public Health (MPH) or Bachler of Science in Nursing (BSN)/PRN degree students, current registration with the Pakistan Nursing Council (PNC), and more than one year of clinical teaching experience. Exclusion criteria were clinical instructors on deputation/leave, and those in administrative roles not engaged in teaching. Informed consent was taken. Convenience sampling was utilized, with a universal sample size employed, resulting in 110 nursing instructors participating in classroom, laboratory, and clinical instruction. A self-administered questionnaire contained 33 close-ended questions, adapted from McInerney and Suleman [21]. The Questionnaire had 4 sections: section "A" was about knowledge and had 08 questions, section "B" was about perspectives and had 10 questions, section "C" was about implementation and had 10 questions, and demographic characteristics had 05 questions. Modified Bloom's cut-off point was considered to set the levels for understanding, perspectives, and implementation of EBP. EBP scores were divided into three equal tertiles. The first tertile indicated a poor level of understanding and implementation for scores less than 50%. The second tertile showed a moderate level of understanding and implementation for scores between 50.01% to 79.9% and the third tertile represented a good level for scores between 80% to 100%. While for the perspectives section; scores ≤50% were considered as under-developed perspectives whereas scores above 50% were labelled as developed perspectives [22]. SPSS version 23.0 was used for data analysis, with a significance level set at $p<0.05$. Quantitative variables understanding, perspectives, and implementation were analyzed with descriptive statistics (mean, median, range, and standard deviation). Shapiro-Wilk Test was performed to define the normality of the sample to decide on the tests appropriate for the statistical analysis. Inferential statistics were used to find the difference between demographic and outcome variables (Understanding, Perspectives, and Implementation). It was performed on Understanding, Perspectives, Implementation, age, and experience to measure the differences. Mann-Whitney U-test and Kruskal Wallis test measured the difference in Understanding, Perspectives, and Implementation among the demographic variables. Approval was obtained from the Institutional Review Board (IRB) Shifa Tameer-e-Millat University, Islamabad. Moreover, data collection permissions were obtained from the administration of all six nursing colleges. Confidentiality and anonymity of participants and colleges were rigorously maintained throughout the study.

RESULTS

The research included 110 clinical instructors. The majority of research participants—95, or 86.4%—were women. Sixty-seven percent of the participants, or 69 people, held a bachelor's degree. The age range was 26 to 55 years old, with the total mean age being 43.38 years (SD ± 9.363). Of the participants, 43 (39.1%) were between the ages of 46 and 55. The average number of years of experience was 18.57 (SD ± 9.736). Among the 35 participants, nearly one-third (31.8%) had between one and ten years of experience (Table 1).

Table 1: Demographic Features of the Participants (n=110)

Variables	Frequency (%)	Mean ± SD
Gender		
Male	15 (13.6%)	-
Female	95 (86.4%)	
Qualification		
PRN/BSN	69 (62.7%)	-
MSN/MPH	41 (37.3%)	
Age (Years)		
26-35	31 (28.2%)	43.38 ± 9.363

DOI: https://doi.org/10.54393/nrs.v5i3.76

36-45	25 (22.7%)	
46-55	43 (39.1%)	
>55	11 (10.0%)	
Experience		
1-10	35 (31.8%)	18.57 ± 9.736
11-20	31 (28.2%)	
21-30	30 (27.3%)	
>30	14 (12.7%)	

Utilizing Bloom's cut-off scores, which are classified as excellent, middling, and poor for comprehension and practice, examine participants' viewpoints, degree of understanding, and application of EBP. The understanding of the majority (96.1%) of the participants was good. Less than half of the participants (43.6%) had developed perspectives on the perspective scale, whereas 56.2% reported having underdeveloped perspectives on EBP. Similarly, almost half (47.7%) of the participants demonstrated strong EBP implementation, while another half (50.2%) demonstrated moderate EBP implementation. Only 1.8% of the individuals showed poor EBP compliance (Table 2).

Table 2: Clinical Instructors' Level of Understanding, Perspectives, and Implementation for EBP (n=110)

Levels	Understanding	Perspectives	Implementation
	Frequency (%)	Frequency (%)	Frequency (%)
Poor	-	-	2 (1.8%)
Moderate	4 (3.5%)	-	55 (50.2%)
Good	105 (96.1%)	-	53 (47.7%)
Under-Developed	-	62 (56.2%)	-
Developed	-	48 (43.6%)	-

The study demonstrated that no significant difference in EBP knowledge between clinical instructors having bachelor's and master's degrees. However, bachelor's degree holders demonstrated higher knowledge in the item "utilizing current literature for enhancing clinical teaching and staying updated with new nursing protocols". On the other hand, master's degree instructors showed stronger knowledge in "integrating EBP components and understanding the steps of performing EBP". Results also showed that there were no significant differences (p-value>0.05) observed in overall clinical instructors' perspectives towards EBP based on qualification, gender, and experience. However, instructors with master's had ranked higher on items emphasizing the "significance of new evidence and the intent to apply EBP", while those with bachelor's degrees were more inclined to "dislike their teaching practice being questioned and view EBP as a waste of time". Male instructors were inclined to rank higher on "intentions to read relevant literature and apply EBP", while females were more likely to express "difficulty in improving due to heavy workload and perceive EBP as a waste of time". Moreover, clinical instructors holding Master's degrees demonstrated high performance in the overall practice of EBP compared to those with bachelor's degrees. They were significantly ranked higher in various items, including "searching the literature", "using significant resources", "using evidence to improve clinical teaching", and "participating in professional development, and sharing research findings at the workplace", as opposed to the bachelor degree holders. However, there were no significant differences observed in clinical instructors' practice of EBP based on gender, although male instructors tended to better perform than female colleagues in several practice items such as "searching the published literature and attending seminars, workshops, conferences, and training on EBP" (Table 3).

Table 3: The Comparison of Clinical Instructors' Understanding, Perspectives, and Implementation of EBP by Qualification, Gender and Experience (n=110)

Sr. No.	Questions	Qualification*		Gender*		Experience**	
		Master		Female		>30 Years	
		Bachelor		Male		21-30 Years	
		-		-		11-20 Years	
						1-10 Years	
		Ranks Mean	p-Value	Ranks Mean	p-Value	Ranks Mean	p-Value
	Understanding of EBP	55.51	0.995	55.82	0.616	61.00	0.158
		55.49		53.50		59.23	
		-	-	-	-	51.74	
						53.43	
1	EBP is the method of clinical decision-making based on the latest research evidence	55.50	1.000	55.50	1.000	55.50	1.000
		55.50		55.50		55.50	
		-	-	-	-	55.50	
						55.50	
2	EBP is the method of clinical decision-making based on the latest research evidence	55.50	1.000	55.50	1.000	55.50	1.000
		55.50		55.50		55.50	
		-	-	-	-	55.50	

DOI: https://doi.org/10.54393/nrs.v5i3.76

						55.50	
3	The EBP stages are as follows: Pose a query, look for reliable evidence, analyze, apply, and assess its value.	57.00 54.61 –	0.178 –	55.26 57.00 –	0.487 –	55.17 53.45 57.00 57.00	0.390
4	Clinical instructors are kept informed about emerging nursing practices for patient care using EBP.	52.98 57.00 –	0.023 –	56.42 49.67 –	0.007 –	53.57 54.85 55.11 57.17	0.983
	Perspectives for EBP	60.57 52.49 –	0.197 –	55.04 58.43 –	0.700 –	57.00 57.00 53.45 55.43	0.418
5	I do not like that my teaching practice is questioned	49.13 59.28 –	0.078 -	55.77 53.77 –	0.805 –	65.29 55.23 52.21 54.73	0.575
6	I appreciate questions about me teaching and clinical practice	58.35 53.80 –	0.418 –	55.63 54.70 –	0.907 –	50.82 52.98 54.66 60.27	0.654
7	I am interested in reading relevant researched literature to update my understanding	55.95 55.23 –	0.900 –	53.75 66.57 –	0.111 –	51.61 55.20 57.21 55.80	0.947
8	I want to apply current evidence findings to improve me teaching and clinical practice	60.24 52.68 –	0.186 –	54.05 64.67 –	0.188 –	51.29 54.08 56.77 57.27	0.906
9	I want to improve my ability to locate, acquire, and evaluate evidence that is pertinent to my field of expertise	53.16 56.89 –	0.507 –	53.96 65.23 –	0.203 –	50.11 55.10 57.84 55.93	0.868
	Implementation of EBP	66.55 48.93 –	0.005 –	54.95 58.97 –	0.613 –	54.96 45.70 55.74 63.90	0.152
10	Clinical instructors have to apply EBP in clinical teaching and practice	61.62 51.86 –	0.059 –	54.19 63.80 –	0.187 –	61.89 49.35 57.39 56.54	0.440
11	My current teaching and clinical practice is based on EBP	59.57 53.08 –	0.277 –	55.78 53.73 –	0.808 –	63.43 55.02 47.11 60.17	0.243
12	To stay current, I use sources including journals, textbooks, the internet, coworkers, and clinical recommendations.	64.50 50.15 –	0.012 –	54.74 60.33 –	0.486 –	62.93 45.32 58.55 58.56	0.147
13	I use research evidence from different resources to improve my teaching and clinical understanding	62.62 51.27 –	0.045 –	53.92 65.50 –	0.166 –	68.50 43.13 55.08 61.27	0.029

DOI: https://doi.org/10.54393/nrs.v5i3.76

14	I informally Share and discuss literature/search findings with colleagues at my workplace	60.15	0.216	55.45	0.964	59.75	0.240
		52.74		55.83		46.18	
		–	-	–	–	56.61	
						60.80	
15	I attend workshops, seminars, courses, conferences, and training on EBP	67.43	0.002	53.18	0.045	53.54	0.005
		48.41		70.20		42.32	
		-	–	-	-	53.56	
						69.30	

DISCUSSION

This study recorded no significant difference in overall knowledge between clinical instructors with Master's and Bachelor's degrees although those with Bachelor's degrees scored higher on specific knowledge items. This discrepancy could stem from the appointment of Master of Public Health (MPH) nurses lacking clinical experience as instructors to address educator shortages, or biased questionnaire statements favouring undergraduate-level understanding [21]. In contrast, while no significant difference in perspectives was found between Master's and Bachelor's degree holders (p-value=0.197), instructors with Master's degrees generally displayed more positive perspectives toward EBP. Likewise, instructors with Master's degrees significantly outperformed in practice than those with Bachelor's degrees (p-value=0.005), scoring higher on various practice items. This aligns with previous studies indicating that higher nursing degrees correlate with more favourable perspectives and greater involvement in research and professional development activities [15]. There are disparities in EBP understanding, perspectives, and practice between male and female clinical instructors. Female instructors generally exhibited higher knowledge levels compared to males, aligning with findings from previous research in Saudi Arabia [6]. Conversely, male instructors demonstrated higher mean ranks on attitude (p-value=0.700) and practice scales (p-value=0.613), consistent with the prior study highlighting their efforts to establish credibility in a predominantly female field [12]. The current study demonstrated no significant differences in EBP understanding (p-value=0.158), perspectives (p-value=0.418), and implementation (p-value=0.152) among clinical instructors on the base of their work experience. These findings are contradictory to international research, which indicates higher EBP scores among clinical instructors with vast experience [8]. Remarkably, the clinical instructors having extensive experience showed eagerness for traditional and old, already tested and tried methods and exhibited resistance to new scientific approaches to patient care, reflecting a lack of involvement in policy development and implementation seen in other studies. However, instructors with less experience were found more engaged in skill development training like seminars and workshops, resulting in good evidenced-based practice perspectives. These results are similar to earlier research highlighting the significance of existing clinical education and practice of EBP to enhance its application [7].

CONCLUSIONS

It was concluded that clinical instructors with master's degrees demonstrated favourable perspectives and practices toward EBP. Females showed higher knowledge scores, while males excelled in perspectives and implementation.

Authors Contribution

Conceptualization: TY
Methodology: TY, TK
Formal analysis: TY
Writing review and editing: TK, FA

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

All the authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFRENCES

[1] Nalweyiso DI, Kabanda J, Mubuuke AG, Sanderson K, Nnyanzi LA. Knowledge, Attitudes, and Practices Towards Evidence-Based Practice: A Survey Amongst Radiographers. Radiography.2019 Nov; 25(4): 327-32. doi: 10.1016/j.radi.2019.03.004.

[2] Stichler JF, Fields W, Kim SC, Brown CE. Faculty Knowledge, Attitudes, and Perceived Barriers to Teaching Evidence-Based Nursing. Journal of Professional Nursing.2011Mar;27(2):92-100.doi: 10.1016/j.profnurs.2010.09.012.

[3] Walker D and Bukhari M. Evidence-Based Practice Is the Gold Standard and Should Be Adhered to at All Times—Or Should It? Rheumatology.2018 Dec; 57(12): 2067-9. doi: 10.1093/rheumatology/kex509.

[4] Hickman LD, Kelly H, Phillips JL. EVITEACH: A Study Exploring Ways to Optimise the Uptake of Evidence-Based Practice to Undergraduate Nurses. Nurse Education in Practice. 2014 Nov; 14(6): 598-604. doi:

DOI: https://doi.org/10.54393/nrs.v5i3.76

10.1016/j.nepr.2014.05.013.
[5] Mthiyane GN and Habedi DS. The Experiences of Nurse Educators in Implementing Evidence-Based Practice in Teaching and Learning. Health SA Gesondheid.2018Jan;23(1):1-9.doi:10.4102/hsag.v23i0.1177.
[6] Sherin A. Evidence-Based Medicine and Clinical Practice in Pakistan.Khyber Medical University Journal. 2014 Mar; 6(1): 1-2.
[7] Paudel S, Acharya BM, Pun KM, Paudel S, KC KB, Arjyal A. Evidence-Based Practice at Patan Academy of Health Sciences, Nepal: Knowledge, Attitude, Behaviour and Barriers. Journal of Patan Academy of Health Sciences.2018 Jun; 5(1): 82-9. doi: 10.3126/jpahs.v5i1.24049.
[8] Stannard D. A Practical Definition of Evidence-Based Practice for Nursing. Journal of Peri-Anesthesia Nursing.2019Oct;34(5):1080-4.doi:10.1016/j.japan.2019.07.002.
[9] Kabeel AR, Eisa SA. The Correlation of Critical Thinking Disposition and Approaches to Learning among Baccalaureate Nursing Students. Journal of Education and Practice. 2016; 7(32):91-103.
[10] Saldana L. The stages of Implementation Completion for Evidence-Based Practice: Protocol for A Mixed Methods Study. Implementation Science. 2014 Dec; 9: 1-1. doi: 10.1186/1748-5908-9-43.
[11] Collins E, Ross J, Crawley J, Thompson R. An Undergraduate Educational Model for Developing Sustainable Nursing Practice: A New Zealand Perspective. Nurse Education Today.2018 Feb; 61: 264-8. doi: 10.1016/j.nedt.2017.12.012.
[12] Alzayyat AS. Barriers to Evidence-Based Practice Utilization in Psychiatric/Mental Health Nursing. Issues in Mental Health Nursing.2014 Feb; 35(2): 134-43. doi: 10.3109/01612840.2013.848385.
[13] Kyriakoulis K, Patelarou A, Laliotis A, Wan AC, Matalliotakis M, Tsiou C *et al.* Educational Strategies for Teaching Evidence-Based Practice to Undergraduate Health Students: Systematic Review. Journal of Educational Evaluation for Health Professions.2016 Sep;13.doi:10.3352/jeehp.2016.13.34.
[14] Patelarou AE, Kyriakoulis KG, Stamou AA, Laliotis A, Sifaki-Pistolla D, Matalliotakis M *et al.* Approaches to Teach Evidence-Based Practice Among Health Professionals: An Overview of the Existing Evidence. Advances in Medical Education and Practice.2017 Jul: 455-64. doi: 10.2147/AMEP.S134475.
[15] Baker JD. Nursing Research, Quality Improvement, and Evidence-Based Practice: The Key to Perioperative Nursing Practice. Association of Perioperative Registered Nurses.2017; 1(105): 3-5. doi: 10.1016/j.aorn.2016.11.020.
[16] AbuRuz M. Knowledge, Attitude and Practice of Nurses towards Evidence-Based Practice at Al-Medina, KSA. Jordan Medical Journal. 2017; 51(2).
[17] Llasus L, Angosta AD, Clark M. Graduating Baccalaureate Students' Evidence-Based Practice Knowledge, Readiness, and Implementation. Journal of Nursing Education.2014 Sep; 53(9): S82-9.doi:10.3928/01484834-20140806-05.
[18] Aglen B. Pedagogical Strategies to Teach Bachelor Students Evidence-Based Practice: A Systematic Review. Nurse Education Today.2016 Jan; 36: 255-63. doi: 10.1016/j.nedt.2015.08.025.
[19] Orta R, Messmer PR, Valdes GR, Turkel M, Fields SD, Wei CC. Knowledge and Competency of Nursing Faculty Regarding Evidence-Based Practice.The Journal of Continuing Education in Nursing.2016 Sep; 47(9): 409-19. doi: 10.3928/00220124-20160817-08.
[20] Sin MK, Bliquez R. Teaching Evidence-Based Practice to Undergraduate Nursing Students. Journal of Professional Nursing.2017 Nov; 33(6): 447-51. doi: 10.1016/j.profnurs.2017.06.003.
[21] Mclnerney P and Suleman F. Exploring Knowledge, Attitudes, and Barriers Toward the Use of Evidence-Based Practice Amongst Academic Health Care Practitioners in Their Teaching in A South African University: A Pilot Study. Worldviews on Evidence-Based Nursing.2010 Jun; 7(2): 90-7.doi:10.1111/j.1741-6787.2009.00180.x.
[22] Seid MA and Hussen MS. Knowledge and Attitude Towards Antimicrobial Resistance Among Final Year Undergraduate Paramedical Students at University of Gondar, Ethiopia. Bio-Medical Central Infectious Diseases.2018 Dec; 18: 1-8. doi: 10.1186/s12879-018-3199-1.