



FACTORS RELATED TO EVIDENCE-BASED PRACTICE AMONG HEALTH PROFESSIONALS: A CROSS-SECTIONAL STUDY*

FACTORES RELACIONADOS CON LA PRÁCTICA BASADA EN EVIDENCIAS ENTRE PROFESIONALES DE LA SALUD: UN ESTUDIO TRANSVERSAL

FATORES RELACIONADOS À PRÁTICA BASEADA EM EVIDÊNCIAS ENTRE PROFISSIONAIS DA SAÚDE: UM ESTUDO TRANSVERSAL

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RESUMO

Objetivo: Identificar fatores relacionados à prática baseada em evidências (PBE) entre profissionais da saúde. **Método:** Estudo observacional, transversal, realizado em uma instituição privada de grande porte e alta complexidade, localizada nos municípios de São Paulo e Brasília. Participaram 305 profissionais da saúde. A coleta de dados ocorreu por meio de questionário eletrônico contendo variáveis sociodemográficas e profissionais, além do questionário Prática Baseada em Evidências nas Ciências da Saúde (HS-EBP). A análise incluiu estatística descritiva e inferencial. Utilizou-se o teste de Kruskal–Wallis para avaliar a associação entre satisfação no trabalho e as médias das dimensões do instrumento. O nível de significância foi fixado em 5%. **Resultados:** A média geral do HS-EBP foi elevada, com maior pontuação na dimensão Crenças–Atitudes, seguida por Prática e Barreiras–Facilitadores. Observou-se associação significativa entre satisfação no trabalho e as dimensões Prática, Barreiras–Facilitadores e a média geral do instrumento. Pontuações mais altas no questionário estiveram associadas à maior frequência de leitura de artigos científicos e à maior participação em treinamentos. **Conclusão:** Apesar das atitudes favoráveis à PBE, sua operacionalização ainda enfrenta desafios. Esse cenário indica a necessidade de estratégias institucionais que integrem apoio organizacional e educação permanente, com vistas à qualificação da assistência.

Descritores: Prática Clínica Baseada em Evidências; Educação Continuada; Serviços de Saúde; Enfermagem; Pesquisa em Serviços de Saúde.

ABSTRACT

Objective: To identify factors associated with evidence-based practice (EBP) among health professionals. **Method:** This was an observational, cross-sectional study conducted in a large, high-complexity private institution located in the cities of São Paulo and Brasília, Brazil. A total of 305 health professionals participated. Data were collected using an electronic questionnaire that included sociodemographic and professional variables, along with the *Prática Baseada em Evidências nas Ciências da Saúde* (HS-EBP) questionnaire. The analysis included descriptive and inferential statistics. The Kruskal–Wallis test was used to assess the association between job satisfaction and the mean scores of the instrument's dimensions. Statistical significance was set at 5%. **Results:** The overall HS-EBP mean score was high, with the highest scores observed in the Beliefs–Attitudes dimension, followed by Practice and Barriers–Facilitators. A significant association was found between job satisfaction and the Practice and Barriers–Facilitators dimensions, as well as the overall instrument mean. Higher questionnaire scores were associated with more frequent reading of scientific articles and greater participation in training activities. **Conclusion:** Despite favorable attitudes toward EBP, its operationalization still faces challenges. This scenario highlights the need for institutional strategies that integrate organizational support and continuing education to improve the quality of care.

Descriptors: Evidence-Based Clinical Practice; Continuing Education; Health Services; Nursing; Health Services Research.

RESUMEN

Objetivo: Identificar los factores relacionados con la práctica basada en evidencias (PBE) entre profesionales de la salud. **Método:** Estudio observacional, transversal, realizado en una institución privada de gran tamaño y alta complejidad, ubicada en los municipios de São Paulo y Brasília. Participaron 305 profesionales de la salud. La recolección de datos se llevó a cabo mediante un cuestionario electrónico que incluyó variables sociodemográficas y profesionales, además del cuestionario *Prática Baseada em Evidências nas Ciências da Saúde* (HS-EBP). El análisis incluyó estadística descriptiva e inferencial. Se utilizó la prueba de Kruskal–Wallis para evaluar la asociación entre la satisfacción laboral y las medias de las dimensiones del instrumento. El nivel de significación se fijó en 5%. **Resultados:** La media global del HS-EBP fue elevada, con mayor puntuación en la dimensión Crenças–Actitudes, seguida de Prática y Barreras–Facilitadores. Se observó una asociación significativa entre la satisfacción laboral y las dimensiones Prática, Barreras–Facilitadores y la media global del instrumento. Las puntuaciones más altas en el cuestionario se asociaron con una mayor frecuencia de lectura de artículos científicos y una mayor participación en actividades de capacitación. **Conclusión:** A pesar de las actitudes favorables hacia la PBE, su operacionalización aún enfrenta desafíos. Este escenario indica la necesidad de estrategias institucionales que integren apoyo organizacional y educación continua, con el fin de cualificar la atención en salud.

Descritores: Práctica Clínica Basada en Evidencias; Educación Continua; Servicios de Salud; Enfermería; Investigación en Servicios de Salud.

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What is already known:

- Evidence-based practice (EBP) is recognized as an essential element for the quality of health care.
- Individual barriers and the lack of institutional support hinder its implementation.
- There is a shortage of instruments for assessing EBP, including those available in Portuguese.

What this article adds:

- The *Prática Baseada em Evidências nas Ciências da Saúde* questionnaire, validated in Brazil, allows standardized measurement of EBP dimensions and helps identify areas requiring improvement.
- The identification of individual and organizational barriers enables the adoption of tailored and potentially more effective interventions.
- Health professionals value EBP, and this strength can be leveraged by institutions to promote its integration into clinical practice.

INTRODUCTION

Evidence-based practice (EBP) is considered essential for improving the quality of health care, as it integrates the best available scientific evidence, clinical expertise, and patient preferences. This approach supports safer decision-making, improves clinical outcomes, and promotes more efficient use of resources⁽¹⁻²⁾. However, its implementation still faces challenges related to both individual and organizational factors. Studies indicate that the main barriers include workload overload, limited time, insufficient institutional resources, and lack of organizational support. Among the facilitating factors, targeted training, clinical protocols, monitoring of practices, and committed leadership stand out⁽³⁻⁴⁾.

Health professionals' competence to apply EBP involves multiple components, including knowledge, skills, attitudes, and effective use of scientific evidence. The development of these elements depends on both professional training and the conditions provided by the institutional context. In this process, attributes such as self-efficacy, appreciation of continuing education, and the ability to recognize and use organizational support play a central role in incorporating scientific evidence into clinical practice. When barriers predominate, negative impacts on patient safety and quality of care can be observed⁽⁴⁾.

The incorporation of EBP may also be influenced by contextual elements, such as organizational culture, teamwork, communication, and resource availability. These aspects reinforce the need to develop institutional strategies aimed at sustaining the integration of scientific evidence into daily clinical practice⁽⁵⁾. In Brazil, studies have identified gaps in the adoption of EBP, related to difficulties in interpreting research findings, lack of adequate infrastructure, and professional burnout. These limitations highlight the importance of systematically investigating the individual and organizational factors associated with EBP adoption in different care settings, especially in high-complexity institutions⁽⁶⁾.

Assessing the adoption of EBP by health professionals is a complex task that can be facilitated by the use of instruments capable of capturing intervening variables and measuring how EBP is operationalized in clinical practice. The *Prática Baseada em Evidências nas Ciências da Saúde* (HS-EBP), questionnaire, the Brazilian version of the Health Sciences–Evidence Based Practice Questionnaire, is a comprehensive tool designed to assess health professionals across the dimensions of Beliefs–Attitudes, Practice, and Barriers–Facilitators⁽⁷⁻⁸⁾.

The HS-EBP has previously been validated from both cross-cultural and psychometric perspectives. In this study, we sought to identify how health professionals understand and respond to the demands of evidence-based professional practice within a global context marked by the centrality of

patient safety, the pursuit of favorable health outcomes, and respect for patient preferences. Therefore, the objective of this study was to identify factors related to EBP among health professionals.

METHOD

Study design

This was an observational, cross-sectional study based on data obtained during the validation phase of the HS-EBP. The study report followed the recommendations of the STrengthening the Reporting of OBServational studies in Epidemiology (STROBE) checklist, designed for reporting observational studies.

Setting and participants

The study was conducted in a large, high-complexity private institution located in the cities of São Paulo and Brasília, Brazil, with a tertiary care profile and activities across different clinical and surgical specialties. The institution has a structure focused on patient safety and quality of care, including clinical protocols and continuing education programs.

Sample size was defined based on methodological recommendations for instrument validation studies, which suggest 5 to 10 participants per questionnaire item⁽⁹⁻¹⁰⁾. Considering the 60 items of the instrument, a minimum of 300 participants was established. During recruitment, 600 professionals were randomly selected through an electronic platform, including nurses, physiotherapists, physicians, biomedical scientists, nutritionists, pharmacists, psychologists, and speech therapists, all employed by the participating institution.

Selected individuals received an email containing the link to the survey hosted on the Survey Monkey platform. The survey was accessed by 403 participants, of whom 18 declined participation and 385 agreed to take part. However, the instrument was fully completed by 305 participants during the early phase of the COVID-19 pandemic in 2020, which led to the suspension of the study until academic activities resumed.

Inclusion criteria were direct involvement in health care delivery, active professional engagement during the data collection period, and an active employment relationship with the institution. Professionals on leave or vacation, as well as those who did not complete the questionnaire in full, were excluded.

Data collection instrument

The data collection instrument consisted of two parts.

The first included questions aimed at sociodemographic and professional characterization, covering variables such as age, sex, professional category, educational level, years of experience, work area, frequency of reading scientific articles, participation in training, and job satisfaction.

The second part consisted of the HS-EBP. The instrument was transculturally adapted and validated in Brazil, demonstrating favorable psychometric indicators. Reliability was verified using Cronbach's alpha (0.970), with results similar to those of the original version. Stability, assessed through test-retest, showed strong correlation ($r = 0.766$). Convergent validity was tested using the Evidence-Based Practice and Clinical Effectiveness questionnaire, yielding positive results and a moderate correlation between instruments based on Pearson's coefficient ($r = 0.683$). The model fit of the HS-EBP was evaluated using confirmatory factor analysis with structural equation modeling. The chi-square test was significant ($p < 0.001$) in all tested models⁽⁸⁾.

The HS-EBP consists of 60 items distributed across three dimensions: Beliefs-Attitudes (12 items), Practice (36 items), and Barriers-Facilitators (12 items). Responses are organized on a Likert-type scale ranging from 1 to 10, with higher values indicating greater agreement or frequency related to the construct assessed.

The HS-EBP allows the calculation of mean scores for each dimension and an overall mean score, enabling standardized analysis of the different components of EBP.

Variables analyzed

Sociodemographic variables included age and sex; academic variables were related to educational level; and professional variables included professional category, years of experience, and area of work. Variables related to the context of professional practice were also considered, such as reading scientific articles, participation in training, and job satisfaction.

EBP was assessed through HS-EBP scores, analyzed based on the mean scores of the Beliefs-Attitudes, Practice, and Barriers-Facilitators dimensions, as well as the overall mean score of the instrument, used as indicators of EBP adoption among participants.

Data collection procedures

Data were collected between December 2019 and March 2020 using a self-administered electronic questionnaire available on a digital platform. Eligible professionals were invited to participate via institutional email, which included information about the study objectives, general instructions, and the access link to the instrument.

Before accessing the questionnaire, participants were presented with the informed consent form (ICF) in electronic format. Consent was recorded online and was required to proceed with participation. Completion was voluntary, individual, and anonymous, with no face-to-face contact or researcher interference during data collection.

The HS-EBP remained available throughout the data collection period, and only fully completed questionnaires were considered valid, according to previously established criteria.

Data analysis

Data were analyzed using IBM SPSS Statistics for Windows, version 22 (IBM Corp., Armonk, N.Y., USA), and JASP, version 0.13.0.0, the latter based on the *Lavaan* package in the R environment. Sociodemographic, academic, and professional variables were analyzed descriptively using absolute and relative frequencies, as well as measures of central tendency and dispersion, when applicable.

The HS-EBP dimensions were analyzed using means, standard deviations, median, mode, and coefficient of variation. Mean scores for each dimension were calculated by summing the corresponding item scores and dividing by the number of items in each dimension, as recommended in the instrument validation study.

Considering the ordinal nature of the variables and the use of Likert-type scales, nonparametric statistical tests were applied. To compare mean scores across HS-EBP dimensions (Beliefs-Attitudes, Practice, Barriers-Facilitators, and overall mean) according to professional and EBP-related variables, including level of job satisfaction, the Kruskal-Wallis test was used. A significance level of 5% ($p < 0.05$) was adopted in all analyses.

Ethical considerations

The study was conducted in accordance with the ethical principles established by Resolution No. 466/2012 of the Brazilian National Health Council, which regulates research involving human participants in Brazil. The project was approved by the human research ethics committee of Universidade Federal de São Paulo (Opinion no. 3,063,730) and by the human research ethics committee of Hospital Sírio-Libanês (Opinion No. 3,195,150). Participation occurred through electronic acceptance of the informed consent form, made available prior to access to the questionnaire.

RESULTS

A total of 305 health professionals participated in the study, with most working in São Paulo (89.8%) and a smaller proportion in Brasília (10.2%). The sample was predominantly female (83.3%). The mean age was 35 years, ranging from 24 to 55 years.

The sample consisted mainly of nursing professionals (53.1%), followed by physiotherapists (15.7%), physicians (7.9%), biomedical scientists (7.5%), nutritionists (6.6%), pharmacists (5.6%), psychologists (2.3%), and speech therapists (1.3%). Regarding academic background, 85.9% held a specialist degree, 6.9% had a master's degree, 3.0% a doctoral degree, and 4.3% had only an undergraduate degree.

Data related to the HS-EBP dimensions are presented in Table 1. The overall mean score of the instrument was 7.9, ranging from 5.47 to 9.39. The highest mean was observed in the Beliefs-Attitudes dimension (8.9), followed by Practice (7.8) and Barriers-Facilitators (7.3).

In the analysis of selected variables and mean scores across HS-EBP dimensions, total scores and the Practice and Barriers-Facilitators dimensions increased progressively with higher monthly frequency of reading scientific articles among health professionals (Table 2).

Table 1 - Prática Baseada em Evidências nas Ciências da Saúde questionnaire and its dimensions. São Paulo, SP, Brazil, 2020

Dimension	Mean	Median	Standard deviation
Beliefs–Attitudes	8.9	9.2	1.1
Practice	7.8	8.0	1.3
Barriers–Facilitators	7.3	7.5	1.8
Total	7.9	8.1	1.2

Source: prepared by the authors, 2020.

Table 2 - Mean scores of the Prática Baseada em Evidências nas Ciências da Saúde questionnaire according to monthly frequency of scientific article reading. São Paulo, SP, Brazil, 2020

Monthly reading	Beliefs–Attitudes	Practice	Barriers–Facilitators	Total
> 10 articles	9.019	8.214	6.969	8.126
6-10 articles	9.219	8.188	7.562	8.269
3-5 articles	9.127	8.288	7.408	8.280
1-2 articles	8.812	7.625	7.249	7.787
No routine	8.696	7.350	7.132	7.576

Source: prepared by the authors, 2020.

Regarding participation in EBP training throughout the professional trajectory, individuals with more advanced training showed higher mean scores in the overall HS-EBP score and across all dimensions. The lowest mean scores were observed among those who reported only basic or intermediate-level training (Table 3).

Table 3 - Mean scores of the Prática Baseada em Evidências nas Ciências da Saúde questionnaire according to level of training in evidence-based practice. São Paulo, SP, Brazil, 2020

Training level	Beliefs–Attitudes	Practice	Barriers–Facilitators	Total
Basic	8.931	7.898	7.374	8.000
Intermediate	8.698	7.341	6.857	7.516
Advanced	9.168	8.304	7.603	8.336

Source: prepared by the authors, 2020.

Regarding job satisfaction, most participants (70.8%) reported scores between 8 and 10 on a 0-10 scale, indicating a high level of satisfaction. The distribution of this variable is presented in Table 4.

Table 4 - Distribution of job satisfaction levels. São Paulo, SP, Brazil, 2020

Job satisfaction score	Frequency	Percentage
0-5	22	7.2
6-7	67	22.0
8-10	216	70.8
Total	305	100

Source: prepared by the authors, 2020.

Comparison between job satisfaction levels and HS-EBP mean scores using the Kruskal–Wallis test showed no statistically significant difference for the Beliefs–Attitudes dimension ($p = 0.412$). However, significant differences were observed for the Practice ($p = 0.001$) and Barriers–Facilitators ($p < 0.001$) dimensions, as well as for the overall instrument mean ($p < 0.001$) (Table 5).

Table 5 - Kruskal–Wallis test comparing job satisfaction and Prática Baseada em Evidências nas Ciências da Saúde (HS-EBP) questionnaire mean scores. São Paulo, SP, Brazil, 2020

Satisfaction × HS-EBP	p-value
Satisfaction × Beliefs–Attitudes	0.412
Satisfaction × Practice	0.001
Satisfaction × Barriers–Facilitators	0.000
Satisfaction × Overall mean	0.000

Source: prepared by the authors, 2020.

DISCUSSION

The results of this study indicate that EBP is valued by health professionals and recognized as part of responsible and competent practice. However, they also reveal difficulties in translating it into routine clinical care, suggesting the presence of organizational barriers. Higher academic qualifications, frequent reading of scientific articles, participation in training, and job satisfaction were associated with better scores across EBP dimensions.

The multiprofessional composition of the sample, combined with the high proportion of postgraduate-trained professionals and participation in continuing education activities, reflects a context favorable to valuing scientific evidence. This characteristic is recognized in the literature as relevant to improving both care quality and health management^(3,11). However, this study did not include inferential analyses to establish a direct association between academic degree and instrument scores; therefore, this aspect should be interpreted as a descriptive characteristic of the sample. Even so, evidence suggests that continuing education and structured training contribute to the development of competencies related to searching for, critically appraising, and applying scientific evidence in clinical practice^(6,11-12). Consistently, frequent reading of scientific articles was associated with higher HS-EBP mean scores, reinforcing the importance of this behavior among professionals committed to EBP⁽⁴⁾.

The high mean score observed in dimension D1 (Beliefs–Attitudes) indicates that professionals recognize the relevance of EBP and show willingness to improve their practices. This finding suggests that conceptual appreciation of EBP is widely established among participants, corroborating studies that identify positive attitudes as a fundamental element in implementation processes within health services. However, such attitudes alone were not sufficient to ensure effective operationalization, a pattern also described in previous investigations^(4,8,10).

Lower mean scores were observed in dimensions D2 (Practice) and D3 (Barriers–Facilitators), indicating difficulties related to both individual and organizational factors. These results suggest limitations in the development of skills necessary for applying scientific evidence, such as critical appraisal of the literature, interpretation of findings, and translation of knowledge into clinical action. The development of these competencies requires continuous preparation, including skills in evidence searching, critical analysis, and application, as well as the ability to reflect on one's own practice (self-assessment)⁽¹²⁻¹⁸⁾. This pattern reinforces previous findings showing that valuing EBP does not always translate into its effective implementation in daily clinical care^(1,13).

Regarding organizational barriers, lower scores in the

Barriers–Facilitators dimension indicate limitations related to time availability, institutional incentives, and support for changing established practices, factors widely discussed in the literature^(3,14). Systematic review studies highlight lack of time and insufficient organizational support as recurring obstacles to EBP implementation⁽³⁾. Although this study did not assess specific negative correlations, the lower scores observed in this dimension reinforce the persistence of these challenges within the institutional context analyzed, particularly in relation to the operationalization of EBP^(1,5,10).

The absence of an organizational culture that supports the systematic use of scientific evidence, along with limited professional autonomy, emerges as a structural challenge, in line with studies emphasizing the role of leadership in strengthening environments conducive to EBP⁽¹⁸⁾. Investment in clinical leadership and knowledge-based management models is identified as a promising strategy for addressing these barriers. Evidence indicates that organizations that promote a culture supportive of evidence use facilitate the incorporation of innovations and the continuous improvement of patient care^(15,17).

The findings also highlight the importance of organizational environments that promote access to scientific information and integration between education and practice. Institutional strategies such as protected time for scientific updating, facilitated access to databases, support from information specialists, and peer discussion spaces are described as effective in strengthening EBP^(2,17). A significant association was also observed between job satisfaction and the Practice and Barriers–Facilitators dimensions, as well as the overall instrument mean, but not with the Beliefs–Attitudes dimension. This suggests that professional satisfaction may influence the ability to operationalize EBP and manage contextual barriers without necessarily altering attitudes regarding its importance⁽⁵⁾.

The facilitators identified in this study, such as frequent reading of the scientific literature and participation in EBP-related training, are consistent with recommendations from the World Health Organization and the JBI model, which emphasize the development of competencies in evidence searching, critical appraisal, and application⁽¹⁷⁻¹⁸⁾. These findings are also supported by Brunt and Morris⁽¹¹⁾, who highlight continuous professional development as a central element in sustaining EBP implementation.

Additional studies have emphasized the relevance of collaborative and interprofessional practice for consolidating EBP. Fossum, Opsal and Ehrenberg⁽¹³⁾ point out that the sharing of clinical experiences and the use of multiple information sources support clinical reasoning and promote safer, more informed decision-making.

The results obtained through the HS-EBP demonstrate its potential to identify priority areas for intervention at both individual and institutional levels, supporting the planning of training programs and organizational policies aimed at the systematic use of scientific evidence. However, the study has limitations, particularly related to its cross-sectional design, which does not allow causal relationships to be established, and its conduct in a single high-complexity private institution, which may limit the generalizability of the findings.

Despite these limitations, the results have relevant implications for professional practice and health management. The identification of weaknesses in the Practice and Barriers–Facilitators dimensions highlights the need for institutional strategies that integrate continuing education, improvement of organizational conditions, and strengthening of clinical leadership, contributing to the consolidation of EBP and the enhancement of health care quality.

This study contributes to understanding the individual and organizational factors related to the incorporation of EBP into the daily practice of health professionals. EBP is widely recognized as essential, particularly with regard to beliefs and attitudes. However, practical application and the overcoming of organizational barriers remain significant challenges. Job satisfaction was associated with higher overall HS-EBP scores, while higher academic qualifications were related to the Practice dimension. By identifying these factors, the findings provide support for the development of institutional and educational strategies aimed at improving care quality and strengthening patient safety.

CONCLUSION

*Article extracted from the Master's thesis entitled "Cross-cultural adaptation and validation of the instrument 'Health Sciences Evidence Based Practice Questionnaire (HS-EBP)'", presented to the Graduate Nursing Program of the Escola Paulista de Enfermagem, Universidade Federal de São Paulo, São Paulo, SP, Brazil, 2020.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

USE OF ARTIFICIAL INTELLIGENCE

The authors declare that they used artificial intelligence tools (ChatGPT, GPT-5 model by OpenAI) to support idea organization and improvement of scientific writing in Portuguese. All content was critically reviewed by the authors, who assume full responsibility for the final version of the manuscript.

REFERENCES

1. Cormican A, Hirani SP, McKeown E. Healthcare professionals' perceived barriers and facilitators of implementing clinical practice guidelines for stroke rehabilitation: A systematic review. *Clin Rehabil*. 2023; 37(5):701-712. <https://doi.org/10.1177/02692155221141036>. PMID: 36475911.
2. Tenny S, Varacallo MA. Evidence-Based Medicine. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2025. PMID: 29262040
3. Abu-Odah H, Said NB, Nair SC, Allsop MJ, Currow

- DC, Salah MS, et al. Identifying barriers and facilitators of translating research evidence into clinical practice: A systematic review of reviews. *Health Soc Care Community*. 2022;30(6):e3265-e3276. <https://doi.org/10.1111/hsc.13898>. PMID: 35775332.
4. Atalla ADG, El-Ashry AM, Mohamed SMS. The relationship between evidence-based practices' facilitators and barriers among nurses and their competencies: self-efficacy as a mediator. *BMC Nurs*. 2025;24(1):458. <https://doi.org/10.1186/s12912-025-02896-2>. PMID: 40281594.
 5. Furtado L, Coelho F, Mendonça N, Soares H, Gomes L, Sousa JP, et al. Exploring Professional Practice Environments and Organisational Context Factors Affecting Nurses' Adoption of Evidence-Based Practice: A Scoping Review. *Healthcare (Basel)*. 2024; 12(2):245. <https://doi.org/10.3390/healthcare12020245>. PMID: 38255132.
 6. Pitsillidou M, Roupa Z, Farmakas A, Noula M. Factors Affecting the Application and Implementation of Evidence-based Practice in Nursing. *Acta Inform Med*. 2021;29(4):281-287. <https://doi.org/10.5455/aim.2021.29.281-287>. PMID: 35197664.
 7. Fernández-Domínguez JC, Sesé-Abad A, Morales-Asencio JM, Sastre-Fullana P, Pol-Castañeda S, de Pedro-Gómez JE. Content validity of a health science evidence-based practice questionnaire (HS-EBP) with a web-based modified Delphi approach. *Int J Qual Health Care*. 2016;28(6):764-773. <https://doi.org/10.1093/intqhc/mzw106>. PMID: 27655793.
 8. Schwenck RCB, Domenico EBL de. Cross-cultural adaptation and validation of the "health sciences evidence-based practice questionnaire" into Brazilian Portuguese. *REME*. 2023;27:e-1494. <https://doi.org/10.35699/2316-9389.2023.38648>.
 9. Hair Jr. JF, Black WC, Babin BJ, Anderson RE. *Multivariate data analysis*. 8. ed. Australia: Cengage Learning; 2019.
 10. Kline RB. *Principles and practice of structural equation modeling*. 4. ed. New York: The Guilford Press; 2016.
 11. Brunt BA, Morris MM. *Nursing Professional Development Evidence-Based Practice*. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025. PMID: 36943994
 12. Santos D, Cardoso D, Cardoso AF, Duque FM, Fernandes B, Sousa R, et al. Barriers and facilitators of evidence-based practice in the Portuguese context: perceptions of formal nursing leaders. *JBI Evid Implement*. 2024;22(4):396-404. <https://doi.org/10.1097/xe.0000000000000451>. PMID: 39045835.
 13. Fossum M, Opsal A, Ehrenberg A. Nurses' sources of information to inform clinical practice: An integrative review to guide evidence-based practice. *Worldviews Evid Based Nurs*. 2022;19(5):372-379. <https://doi.org/10.1111/wvn.12569>. PMID: 35244324.
 14. Camargo FC, Iwamoto HH, Galvão CM, Pereira G de A, Andrade RB, Masso GC. Competences and Barriers for the Evidence-Based Practice in Nursing: an integrative review. *Rev Bras Enferm*. 2018;71(4):2030-2038. <https://doi.org/10.1590/0034-7167-2016-0617>. PMID: 30156693.
 15. Wood C. Leadership and management for nurses working at an advanced level. *Br J Nurs*. 2021;30(5):282-286. <https://doi.org/10.12968/bjon.2021.30.5.282>. PMID: 33733852.
 16. Melnyk BM, Fineout-Overholt E, Gallagher-Ford L, Kaplan L. The state of evidence-based practice in US nurses: critical implications for nurse leaders and educators. *J Nurs Adm*. 2012;42(9):410-417. <https://doi.org/10.1097/nna.0b013e3182664e0a>. PMID: 22922750.
 17. Alsadaan N, Ramadan OME. Barriers and facilitators in implementing evidence-based practice: a parallel cross-sectional mixed methods study among nursing administrators. *BMC Nurs*. 2025;24(1):403. <https://doi.org/10.1186/s12912-025-03059-z>. PMID: 40211261.
 18. Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, organizadores. *JBI Manual for Evidence Synthesis*. Adelaide: JBI; 2024. <https://doi.org/10.46658/JBIMES-24-01>

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Study conception: Schwenck RCB.

Data acquisition: Schwenck RCB.

Data analysis: Schwenck RCB, Domenico EBL.

Data interpretation: Schwenck RCB, Domenico EBL.

All authors are responsible for the textual writing and critical review of the intellectual content, for the final published version, and for all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.



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