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ROLE OF NURSING LEADERSHIP IN IMPLEMENTING EVIDENCE-BASED PRACTICES IN CLINICAL SETTINGS

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ABSTRACT

Evidence-Based Practice (EBP) is considered the foundation of clinical excellence and a key indicator in promoting quality, safety, and effective patient care because it integrates the best available research evidence, clinical expertise, and patient preferences to guide healthcare decision-making. However, EBP's successful integration and implementation in clinical settings is not only dependent on the availability of evidence but can be significantly influenced by nursing leadership styles. This study aimed to determine the role of nursing leadership in implementing EBP, focusing on leadership styles, communication, collaboration, and the challenges encountered during implementation. A descriptive research design was employed, and a purposive sampling technique was used to select the 60 participants from various hospitals who were directly involved in clinical leadership and EBP oversight. The result of the study revealed that nurse managers motivation, direct supervision, open communication and staff encouragement are the reasons behind the successful integration and implementation of EBP in their assigned clinical area highly suggesting that leadership style and leaders' behavior greatly influence EBP implementation and that specific leadership behaviors particularly those aligned with transformational styles exert a profound influence on implementation success Nurses acknowledged the relevance of EBP despite of the major challenges such as adherence to traditional practices, workload constraints, limited confidence in research appraisal, and information were identified and experienced during the implementation process. Nevertheless, weaknesses and gaps were identified between participatory communication and collaborative practices, with limited open dialogue, insufficient recognition of staff contributions, and weak trust-building mechanisms strongly suggesting that EBP implementation is often driven by compliance rather than being fully collaborative and sustainable.

Keywords: Leadership, nursing leadership, evidence-based practice, collaboration, clinical practice

INTRODUCTION

Evidence-based practice (EBP) is considered the core of nursing because of its intellectual and scientific contributions to enhancing and improving nursing care. Further, EBP is an important factor in achieving quality patient outcomes and sustaining organizational excellence because it not only promotes a culture of inquiry but also encourages the integration of research evidence into clinical decision-making to deliver compassionate, evidence-driven care in daily practice. The study of Melnyk et al. (2023) showed that effective leadership could empower nurses to make informed clinical decisions grounded in the best available evidence, patient preferences, and clinical expertise.

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As observed, successful EBP implementation not only relies on the commitment, vision, and competence of nursing leaders but also on modeling evidence-based decision-making and encouraging nurses to engage in research, attend training, and participate in policy formulation to promote professional growth and development. Furthermore, Gifford et al. (2020) emphasized that leaders who inspire, motivate, and collaborate with team members can enhance and strengthen staff engagement and adherence to evidence-based interventions.

However, limited resources, heavy workloads, resistance to change, and inadequate knowledge of research appraisal challenges remain evident barriers in EBP integration and implementation. As agreed upon by Frontiers (2024), these factors significantly contributed to the inconsistent application of EBP across healthcare systems worldwide, thereby reducing efficiency and quality of care. Despite these challenges, with leaders who value mentorship, interprofessional collaboration, and staff empowerment, they can be overcome and successfully promote evidence-based nursing practice (Melnyk et al., 2023).

Statement of the Problem

This study aimed to evaluate the role of nursing leadership in implementing evidence-based practices in clinical settings.

It specifically sought to answer the following questions:

1. What is the demographic profile of the participants in terms of:
    a. age;
    b. sex;
    c. educational attainment
    d. current position;
    e. number of years working
    f. type of healthcare facility; and
    g. department/ unit.
2. What is the role of nursing leadership in the implementation of evidence-based practices in clinical settings in terms of their:
    a. Leadership styles;
    b. Communication and factors;
    c. Collaboration and teamwork?
3. Is there a significant difference between the role of leadership and EBP implementation?
4. What are the challenges and difficulties encountered by nurse managers in the implementation of EBP?
5. What evidence-based recommendations and programs can nurse managers develop to enhance the integration and sustainability of evidence-based practices?

Review of Related Literatures

Evidence-Based Practice in Nursing

As healthcare continues to evolve, Evidence-Based Practice (EBP) has been considered as a structural and fundamental framework for integrating the latest research and clinical innovations into nursing practice to ensure that the provision of care remains current, effective, and aligned with the best available evidence (Oklahoma City University, 2024).

Further, EBP is recognized as the cornerstone of modern nursing because it is not merely research evidence but rather a combination of clinical expertise and patient values that guide

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nurses in making informed decisions and delivering high-quality care. Its consistent use and application not only improve patient outcomes, enhance safety, and elevate the overall quality of care, but also encourage professional accountability, thus contributing to the ongoing development of nursing as a scientific and evidence-driven discipline. Incorporating EBP into nursing daily practice and activities can empower nurses to make sound clinical judgments, uphold standards of excellence, and actively participate in advancing healthcare.

The success of EBP implementation lies in nurses' ability to critically evaluate, synthesize, and apply research to individual patient needs, cultural considerations, and clinical experience. Encouraging them to engage in EBP empowers them to develop their critical thinking skills and increases autonomy, confidence, and job satisfaction. Beyond improving patient care, EBP can also contribute to cost-effectiveness as it reduces unnecessary or ineffective interventions and ensure the adoption of relevant technologies. However, sustaining EBP requires strong nursing leadership in fostering a supportive environment. Leaders act as catalysts by serving as models of best practices, promoting education, providing resources, and empowering nurses to integrate evidence into daily practice. As agreed by Oklahoma City University (2024), effective leadership will ensure that EBP is not only adopted but also embedded in the organizational culture to create long-term, sustainable improvements in patient care, safety, and overall healthcare quality.

Nursing Leadership and Its Role in EBP Adoption and Sustainability

Nursing leadership is an important yet critical factor in the adoption and sustainability of Evidence-Based Practice (EBP) as it inspires, guides, and supports nurses to deliver high-quality care. According to USAHS (2024), effective leaders, particularly those with transformational, democratic, or transactional styles, foster environments that promote inquiry, critical thinking, collaboration, and professional development, which are very significant for integrating research evidence into clinical practice. Transformational leaders usually empower nurses to challenge traditional practices and create a culture of continuous learning, while recognizing that nurses adhere to protocols through structured expectations and performance monitoring. Democratic leaders enhance nurses' full participation by involving them in decision-making and promoting shared ownership of EBP initiatives.

Further, communication and collaboration have significantly influenced successful EBP implementation. Leaders who maintain clear, transparent, and bidirectional communication, provide guidance, address barriers, and reinforce the value of evidence-based care increase the nurse's consistency and sustainability of EBP practice as leaders facilitate teamwork, peer learning, and inter-professional cooperation. Without strong leadership and supportive structures, EBP adoption may be fragmented, inconsistent, or superficial, affecting patient outcomes, staff engagement, and organizational quality standards.

Barriers that hinder the Implementation of EBP in Clinical Settings

Despite strong leadership commitment, implementing Evidence-Based Practice (EBP) in nursing is indeed a significant challenge, as it faces numerous barriers at the individual, organizational, and research levels. Polit et al. (2021) and AbuRuz (2022) enumerated nurse-related challenges, including limited awareness or knowledge of relevant research, negative attitudes toward its applicability, lack of confidence in implementation skills, resistance to changing established routines, and time constraints due to busy clinical schedules.

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Further, Polit et al. (2021) stated that organizational barriers include a lack of administrative support, limited access to research resources, ineffective communication channels, a non-supportive culture, the absence of guidelines, and systemic resistance to change.

Valizadeh et al. (2020) added that logistical and infrastructural deficits, such as insufficient equipment, inadequate facilities, and limited access to updated literature, can also hinder the practical application of evidence-based interventions. Research-related factors, such as limited applicability, unclear presentation, or inconsistent findings, are also barriers to the utilization of EBP. Moreover, a lack of competent colleagues for collaboration or perceived authority to implement changes can also affect implementation

Collectively, these barriers emphasized the need for leadership strategies, education, resource allocation, and communication to facilitate EBP adoption and sustainability in all clinical settings (Polit et al., 2021).

Anido (2024) emphasizes that leadership style significantly influences organizational behavior, employee motivation, and performance outcomes in workplace settings. Although the study is situated in corporate environments, its findings are transferable to healthcare contexts, where leadership approaches such as transformational and participative leadership can enhance nurses' motivation to adopt EBP. In clinical settings, motivated nursing staff are more likely to engage in continuous learning, apply research findings to patient care, and adhere to evidence-based protocols. Thus, effective leadership becomes a driving force in aligning staff behavior with institutional goals for quality care improvement.

In a similar perspective, Dela Cruz (2026) highlights the evolving role of nurse leaders in academic and professional development environments. The study underscores that nursing leadership in higher education directly contributes to the development of competent nursing professionals who are well-prepared to integrate evidence-based practice in clinical settings. Nurse leaders serve not only as administrators but also as mentors and role models who foster a culture of inquiry, critical thinking, and research utilization. This leadership influence bridges the gap between theoretical knowledge and actual clinical application, ensuring that evidence-based practice becomes an essential component of nursing care delivery.

Moreover, both studies collectively reinforce the idea that nursing leadership plays a pivotal role in shaping attitudes, competencies, and institutional culture toward evidence-based practice. Leadership does not merely involve supervision but extends to influencing behavior, promoting professional development, and ensuring that clinical decisions are guided by the best available evidence. In clinical settings, nurse leaders who demonstrate supportive, visionary, and transformational leadership styles are more likely to facilitate the successful implementation of EBP, thereby improving patient outcomes and enhancing healthcare quality.

Theoretical Framework

This study is anchored in Patricia Benner's Novice to Expert Theory and Rosemary Parse's Human Becoming Theory, as it provides a comprehensive lens for evaluating how nursing leadership styles can influence the implementation and sustainability of Evidence-Based Practice (EBP) in clinical settings.

Patricia Benner's Novice to Expert Theory (1984) describes the progression of nursing expertise in five levels: novice, advanced beginner, competent, proficient, and expert. This

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theory emphasizes the importance of experience in learning and the development of clinical judgment. In the context of this study, Benner's expert theory explains how nursing leadership styles can support, enhance, and facilitate nurses' EBP implementation and sustainability by providing them with structured learning opportunities, fostering a culture of continuous skill acquisition, and guiding staff in transitioning from task-oriented novices to intuitive, expert practitioners who confidently integrate research evidence into their clinical decision-making.

Rosemary Parse's Human Becoming Theory (1992) complements the above theory by focusing on the lived experiences, freedom of choice, and personal values of individuals. Her theory views people as unique individuals who live their lives based on their personal experiences, choices, and values, creating their own understanding of life and health. This theory is relevant in examining and evaluating the implementation and sustainability of EBP since it shifts its focus from compliance to engagement, where nurses are called to be with patients, not just giving instructions or fixing problems, but supporting them in finding meaning and living well according to what matters most to them. Further, this theory emphasizes the importance of honoring individual perspectives in nurses' acceptance, adaptation, and sustenance of evidence-based practice.

Conceptual Framework

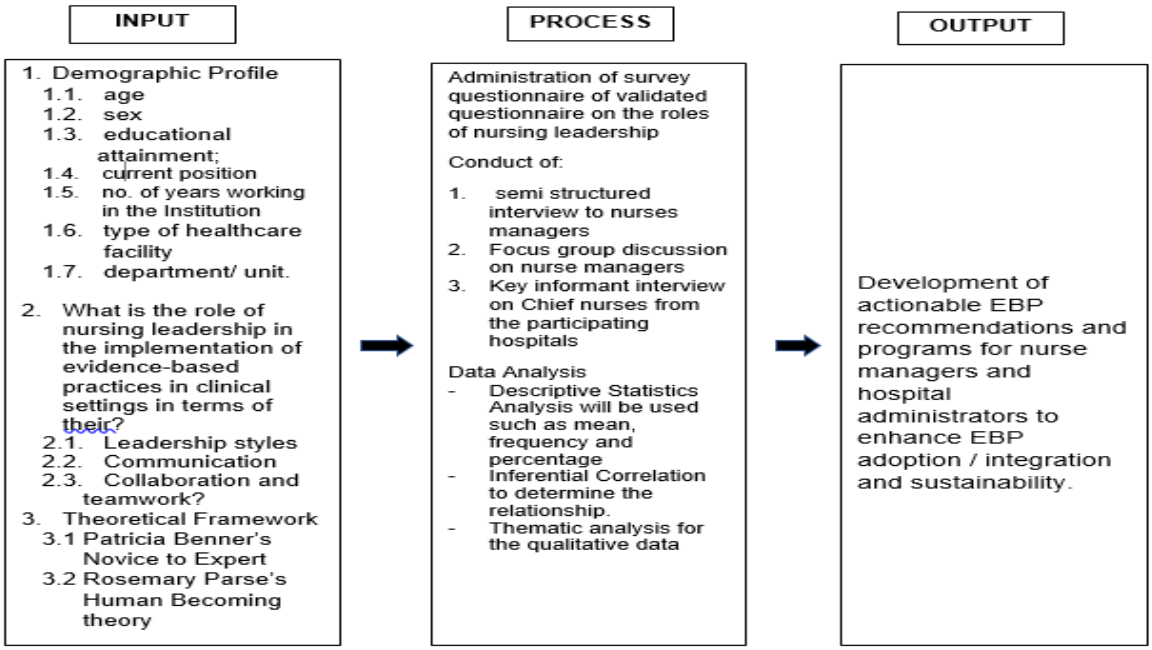

Figure 1. Research Paradigm of the Study

The ***Input*** section comprises two major categories: the participant's characteristics and the study's main objective. The demographic profile of the participants included age, sex, educational attainment, current position, years of experience in the institution, type of healthcare facility, and department/unit. Additionally, the study explores how nursing leadership affects EBP implementation, examining leadership style, communication, collaboration, and teamwork. The framework for this study is anchored and discussed in two key nursing theories: Patricia Benner's Novice to Expert Theory, which explains professional

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skill development, and Rosemary Parse's Human Becoming Theory, which emphasizes the importance of personal meaning and human relationships in practice.

The ***process is the data collection and analysis methods that the researcher will utilize, such as administering validated survey questionnaires focused*** on nursing leadership roles. Moreover, the qualitative data will be gathered through semi-structured interviews and focus group discussions with nurse managers and key informants, including chief nurses, from participating hospitals. For the statistical treatment of data, descriptive statistics such as mean, frequency, and percentage will summarize demographic and leadership role data, while inferential correlation analysis will examine the relationships between leadership roles and EBP implementation. For the qualitative data, thematic analysis will be applied to extract meaningful themes and patterns from
participants' responses.

The expected ***Output*** of the research study is the development of actionable recommendations and programs that will enhance EBP adoption, integration, and sustainability in healthcare settings and assist nurse managers and hospital administrators in strengthening nursing leadership strategies aligned with EBP principles.

METHODOLOGY

This study utilized an Exploratory Sequential Research Design, as it allows the researcher to develop an in-depth exploration and understanding of the roles of nursing leadership in implementing evidence-based practice through qualitative data collection and analysis. The insights gained from the initial exploratory phase were used to develop the quantitative data to measure and validate the findings. By collecting both quantitative data through surveys and qualitative data through interviews and focus groups, the researcher can achieve a richer and more holistic understanding of each research objective and facilitate direct comparison and triangulation of findings during the analysis phase.

The participants of this study were the head nurses, nurse managers, and charge nurses who provided direct care to the clients in 3 (three) different hospitals. They were chosen as the participants based on the following: The participants must: be currently employed as a nurse manager, head nurse or charge nurse; have been in their current position as a nurse manager, head nurse or charge nurse for a minimum of 3 years; have a direct or indirect responsibility for overseeing and influencing the clinical practice and EBP adoption of nursing staff within their designated unit(s) or department(s); And, willing to participate in the study. Purposive sampling was used to select participants, including nurse managers, head nurses, and charge nurses, who are actively involved in clinical practice. This approach ensured that the participants had relevant knowledge and insights on the implementation and challenges of EBP. The study included 50 nurses from each of the following hospitals: hospital A, hospital B, and hospital C, with representation from various hospital and healthcare units and departments.

Prior to the actual conduct of the study, a letter of permission was submitted to the Dean of the graduate school department. A request for an ethical review letter was also forwarded to the Research Ethics Committee. The data collection commenced once the paper had been reviewed and approved by the research adviser, panelist, and the Research Ethics Committee. The researcher will initially identify the participants for the focus group discussion and key informants for the interview. Once identified, they were asked to sign a consent indicating their willingness and voluntary participation in the study. The researcher will then set a date and

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location for the interview. Further, the researcher asked the participants for permission to record the conversation for research purposes. In-depth semi-structured interviews with nurse managers will be conducted in a small-group discussion, and the data gathered will be thematically analyzed with the aid of a thematic analysis specialist. The result of the qualitative data was used to formulate the survey questionnaire.

To collect the quantitative data, the researcher will initially send a letter of consent to the participants stating the purpose and benefits of the research, their rights to refuse to participate and/or withdraw from participation, and that the data collected will be kept confidential. The participants will also be informed that the data collection will take at least 30 minutes. The survey questionnaire will be collected upon completion, and the gathered data will be tabulated, interpreted, and analyzed with the aid of a statistician. Both the quantitative and qualitative data gathered will be synthesized and interpreted to facilitate a deeper, more insightful discussion of the research outcomes.

Descriptive statistics, specifically frequency and percentage distributions, were used to analyze the participants' profiles. To address specific objectives 2 and 3, the data were treated using mean and standard deviation. The qualitative data obtained from Focus Group Discussions (FGDs) and key informant interviews underwent thematic analysis to systematically identify and organize into patterns of meaning (themes) within the data. While the participant's responses to the evidence-based recommendations and programs were collated, themed, analyzed, and interpreted to develop an actionable strategy to further enhance EBP implementation.

RESULTS AND DISCUSSION

Demographic Profile of the Participants

Table 1 presents the demographic profile of the participants, including age, sex, educational attainment, current position, and years of work experience.

The findings of the study revealed that the majority (27 out of 60) of the participants were aged 35–40 years, 32 (53.33%) were male, and were occupying middle- to upper-level leadership roles such as Head Nurse and Supervisor. 29 and 21 out of 60 participants are either pursuing a master's degree or are BSN graduates, respectively, and 41,6% have 5–6 years of professional experience. These results imply that the participants are in the stage of professional maturity, with growing leadership responsibilities and continued academic advancement, meaning that they have the readiness and capacity to influence clinical practice, especially in the implementation of evidence-based practices (EBP).

Alatawi (2020) concurred that transformational nurse leaders who have sufficient clinical experience and advanced education are more effective in promoting EBP adoption in clinical settings and that leaders in their mid-career stages have a greater experiential knowledge and leadership confidence needed to guide staff nurses to go through with the changes. As participants in their late thirties and holding supervisory roles, they reflect the description of nurse leaders well-positioned to serve as effective champions of evidence-based practice implementation. Their ongoing graduate education further enhances their competency in applying evidence to practice.

Similarly, Cummings et al. (2021) noted that higher educational attainment and leadership experience can significantly influence the success of implementing evidence-based initiatives

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and enhance clinical guidelines for sustainability. Moreover, the review of related literature highlighted that nurse leaders with higher educational preparation possess powerful critical thinking skills, change management abilities, and the ability to promote a culture supportive of EBP. Consistent with these findings, the study results showed that most participants are in their Master's degree programs and have several years of work experience, indicating that educational advancement and professional exposure can enhance leadership effectiveness in clinical practice transformation.

In conclusion, the demographic profile of the participants reinforces the existing literature that nursing leadership effectiveness in implementing evidence-based practices is influenced by age-related professional maturity, leadership position, educational attainment, and years of experience, supporting the assumption that competent, academically prepared nurse leaders can influence evidence-based changes within healthcare organizations.

Table 1.
Frequency and Percentage Distribution on the Demographic Profile of the Participants

	f	*%*
A. Age		
29-31 years old	2	3.33
32-34 years old	6	10.00
35-37 years old	21	35.00
38-40 years old	27	45.00
41-43 years old	4	6.67
Total	60	100.00
$\bar{x}$ =37.03		
s =2.69		
B. Sex		
Male	32	53.33
Female	28	46.67
Total	60	100.00
C. Educational Attainment		
BSN	21	35.00
Undergraduate Masters	29	48.33
Master's Degree	9	15.00
PhD Graduate	1	1.67
Total	60	100.00
D. Current Position		
Assistant Chief Nurse	3	5.00
Chief Nurse	3	5.00
Head Nurse	30	50.00
Supervisor	24	40.00
Total	60	100.00
E. Number of Years Working		
2-4 years	22	36.67
5-6 years	25	41.67
7-8 years	8	13.33
9-10 years	2	3.33
11-12years	3	5.00
Total	60	100.00

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Role of Nursing Leadership Style on EBP implementation in terms of Leadership Styles

Table 2 presents the role of nursing leadership styles in EBP implementation. The study's result revealed an overall mean score of 2.73 (SD = 0.66), which is interpreted as Agree. This agreement indicates that nurse managers are actively fulfilling their leadership roles to support the integration and implementation of Evidence-Based Practice (EBP) in the clinical setting.

Among the leadership style choices, leaders acting as a role model (2.87), motivating and inspiring subordinates (2.85), giving incentives (2.87), and clearly defining performance standards (2.83) received the highest mean scores, respectively, reflecting transformational and transactional leadership behaviors. Additionally, seeking staff input (2.70), facilitating group decision-making (2.72), and ensuring open communication (2.63) suggest that, aside from transformational and transactional democratic leadership, other leadership behaviors are also practiced, indicating that nurse managers are applying these leadership behaviors based on evidence-supported approaches. As concurred by USAHS (2024**)**, effective leaders, especially those who practice transformational, democratic, and transactional styles, can create a working environment that promotes inquiry, professional development, and the integration of research evidence into clinical practice. Additionally, Al-Rajoub (2024) expressed that transformational leaders inspire nurses to embrace innovation, transactional leaders reinforce compliance through structured expectations and performance monitoring, while democratic leaders enhance participation by involving nurses in decision-making and promoting shared ownership of EBP initiatives (Wilson, 2023; USAHS, 2024). Ominyi (2025) also supports the idea that collaborative leadership strengthens staff engagement and improves the sustainability of EBP efforts.

These results highly suggests that leader's behavior and styles such as motivating, supervising, maintaining an open communication, and encouraging staff involvement is consistently practiced in the clinical setting making them essential elements in the successful EBP integration and implementation. Further, it implies that nurse leaders are not just passive observers of change but are engaged in mentoring and influencing staff nurses to adopt evidence-based practices. As agreed, upon by (Oklahoma City University, 2024), leaders act as catalysts in setting and placing EBP into organizational culture by modeling best practices, promoting education, and empowering nurses

In contrast, statements such as providing minimal guidance (2.70), leaving subordinates to seek information independently (2.83), and making decisions with minimal staff input (2.67) have somewhat affected the result of the study, as it implies that some nurse managers may also demonstrate laissez-faire or less participative leadership styles suggesting that not all leadership behaviors are consistently supportive or collaborative. This contrasting result is significant because while autonomy can empower nurses and encourage professional growth, too much independence without adequate guidance may lead to inconsistent or fragmented implementation of Evidence-Based Practice. Välimäki et al. (2024) emphasized that leaders who provide minimal direction or limit staff participation in decision-making lead to a lack of clarity, uncertainty, and/or decreased nurses' engagement in EBP initiatives, which could weaken sustainability and uniformity in EBP integration and implementation in the clinical setting.

Although leadership roles received positive responses, aspects of mentorship were not consistently demonstrated. This result simply suggests that continuous guidance and coaching in applying EBP are not fully implemented, even though nurse managers are effective in

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providing direction, supervision, and motivation. This gap affects nurses' self-confidence and ability to translate evidence into actual clinical practice, especially among those who require support in research appraisal and implementation.

Table 2.
Mean and Standard Deviation of the Role of nursing leadership styles on EBP implementation in terms of leadership styles.

Statements	$\bar{x}$	*s*	*Interpretation*
As a nurse manager I….			
1. act as a role model by actively seeking out and using EBPs in my own leadership decisions and practice.	2.87	0.65	*Agree*
2. motivate and inspire my subordinates to learn and to embrace new EBPs	2.85	0.66	*Agree*
3. take the time to understand the individual needs and concerns of my staff when introducing new EBPs.	2.70	0.70	*Agree*
4. clearly define the expected performance standards and consequences related to the adoption of new EBPs	2.83	0.62	*Agree*
5. give incentives or rewards for my subordinate who adopts and implement new EBPs.	2.87	0.65	*Agree*
6. emphasize the importance of following established protocols when introducing new EBPs.	2.55	0.65	*Agree*
7. allow my subordinates to decide for themselves whether and how to adopt new EBPs.	2.63	0.69	*Agree*
8. provide minimal guidance or involvement when new EBPs are being introduce	2.70	0.70	*Agree*
9. leave it all to my subordinates to seek out information and training on new EBPs	2.83	0.67	*Agree*
10. make decisions about which EBPs will be implemented with minimal input from my staff.	2.67	0.60	*Agree*
11. closely oversee the initial implementation of new EBPs to ensure my directives are followed precisely.	2.70	0.67	*Agree*
12. ensure that my subordinates strictly adhere to the protocols on implementation new EBPs.	2.65	0.63	*Agree*
13. seek input from my subordinates on which EBPs to prioritize for implementation	2.70	0.70	*Agree*
14. ensure open communication with my subordinates for sharing of opinions and concerns regarding the adoption of EBPs.	2.63	0.64	*Agree*
15. facilitate group decision-making processes when considering the adoption of new EBPs.	2.72	0.61	*Agree*
OVERALL MEAN	**2.73**	**0.66**	***Agree***

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Role of Nursing Leadership Styles on EBP implementation in terms of Communication

Table 3 presents the role of nursing leadership styles in EBP implementation, focusing on communication. The findings of the study revealed that nurse managers agreed that nursing leadership communication plays an important role in the integration and implementation of Evidence-Based Practice (EBP), with an overall mean score of 2.61 (SD = 0.63). This agreement indicates that nurse managers generally practice good communication behaviors to support EBP integration and implementation, but it is not yet fully optimized in sustaining and systematic implementation. Clearly communicating the importance and relevance of EBP to staff got the highest score (2.78), followed by providing constructive feedback and updates on changes in clinical guidelines (2.77), consistently monitoring adherence to established EBP standards (2.72), and recognizing or rewarding staff who comply with EBP protocols (2.70), respectively. These results indicate that nurse managers developed and exhibit competence in directive and performance-oriented communication strategies. The findings of the study are consistent with the study of Melnyk, Hsieh, and Mu (2023), who clearly emphasized that effective leadership communication strengthens organizational readiness and reinforces evidence-based behaviors among nurses. Similarly, Oklahoma City University (2024) highlighted that transformational and transactional leaders promote EBP adoption by articulating clear expectations and reinforcing accountability, while the integration of EBP into performance evaluation and monitoring systems aligns with Polit and Beck's (2021) study, which asserts that formal reinforcement mechanisms are significant in institutionalizing research utilization within healthcare settings.

However, the result of the study revealed that several communication indicators were low, especially encouraging open dialogue about EBP challenges (2.38), conducting regular staff meetings for ongoing EBP refinement (2.40), and utilizing multiple communication platforms such as digital systems or visual boards (2.48), highlighting the institution's potential limitations in participatory and interactive communication practices. The study of Melnyk et al. (2023) strongly supports the importance of bidirectional communication in sustaining EBP initiatives, emphasizing that organizational culture and psychological safety mediate the relationship between leadership and EBP adoption, and the need for open dialogue and shared decision-making. Panczyk et al. (2021) further argue that when communication is primarily directive rather than dialogical, nurses may comply with EBP requirements without fully engaging in the internalization of the rationale behind practice changes. Moreover, the World Health Organization (2020) stressed that inclusive communication strategies that foster collaboration and empower staff to voice concerns and insights are essential for effective nursing leadership. Alatawi et al. (2020) also identified that limited use of diverse communication platforms may hinder the timely dissemination of updated evidence and reduce access to research resources, thereby hindering EBP implementation.

In summary, the results of the study suggest that nurse managers are effectively communicating their expectations and reinforcing compliance with EBP, but there is a need to strengthen participatory communication, foster open dialogue, and use innovative dissemination strategies to fully support EBP sustainability. This suggests that leadership practices must evolve from predominantly performance-centered approaches to more engagement-centered, collaborative communication models.

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Table 3.
Mean and Standard Deviation of the Role of nursing leadership styles on EBP implementation in terms of communication.

Statements	$\bar{x}$	*s*	*Interpretation*
As a nurse manager I….			
1. clearly communicate and explain the importance and relevance of EBP to all staff within the unit	2.78	0.64	*Agree*
2. discuss EBP regularly during unit meetings and conferences	2.65	0.61	*Agree*
3. encouraged and motivate nurses to provide me a timely update any changes on EBP implementation	2.55	0.59	*Agree*
4. consistently monitor my staff's adherence to established EBP guidelines and address deviations from expected practice	2.72	0.61	*Agree*
5. continue to recognize and reward staff who consistently follow EBPs over time	2.70	0.56	*Agree*
6. periodically review staff performance related to EBP use as part of their overall evaluation.	2.63	0.55	*Agree*
7. provide constructive feedback and updates on changes in clinical guidelines based on current evidence	2.77	0.50	*Agree*
8. utilized multiple methods of communication such as digital platforms, cell phones or visual boards to disseminate EBP related information.	2.48	0.65	*Disagree*
9. ensure and encourage open dialogue about EBP challenges and difficulties	2.38	0.61	*Disagree*
10. ensure that EBP priorities and goals are communicated properly and is aligned with the institutions mission.	2.60	0.69	*Agree*
11. solicit staff feedback on the long-term implementation of EBPs, as I am ultimately responsible for practice standards.	2.62	0.64	*Agree*
12. I encourage regular staff meetings to discuss the ongoing implementation and refinement of EBPs.	2.40	0.64	*Disagree*
13. value and consider staff feedback when making adjustments to established EBP protocols.	2.58	0.70	*Agree*
OVERALL MEAN	**2.61**	**0.63**	**Agree**

Role of nursing leadership styles on EBP implementation in terms of collaboration.

Table 4 presents the role of nursing leadership styles in EBP implementation, focusing on collaboration. The result of the study revealed that nurse managers agreed that nursing leadership collaboration is essential in Evidence-Based Practice (EBP) implementation, with an overall mean of 2.55, which indicates that while collaborative mechanisms are present within the clinical setting, they may not yet be fully developed to sustain comprehensive EBP integration. Nurse managers agreed that encouraging interprofessional teamwork (2.63), coordinating with other healthcare team members and departments (2.65), ensuring effective communication during meetings (2.68), and managing interpersonal conflicts to maintain teamwork (2.62) are essential in the success of EBP implementation, indicating that structural

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coordination and teamwork are evident in the implementation process. Such results align with the World Health Organization (2020) study, which states that collaborative leadership and interprofessional coordination are important yet critical components in strengthening healthcare systems and improving clinical outcomes. Similarly, Melnyk, Hsieh, and Mu (2023) explored and highlighted that a supportive organizational culture characterized by teamwork enhances readiness for EBP adoption.

Furthermore, Polit and Beck (2021) argued that research grows and prospers in environments where nurses are encouraged to question existing practices and contribute to decision-making processes. The low mean score on recognizing team input in the study suggests that organizational hierarchical structures still influenced collaborative processes, limiting shared ownership of EBP initiatives. This interpretation is reinforced by Alsadaan (2025), who states that the lack of authority and limited nurses' involvement in decision-making are significant barriers to EBP integration and implementation because, without participatory leadership, nurses may perceive EBP changes as administrative mandates rather than collective professional advancements.

In contrast, Tabassi et al (2024) stated that strong leadership direction can sometimes compensate for weaker collaborative dynamics. As Oklahoma City University (2024) described, transactional leadership is effective in ensuring compliance with standards and protocols; however, while compliance may improve short-term adherence to guidelines, long-term sustainability often depends on transformational leadership behaviors that cultivate trust and shared commitment. The lower rating r for leaders modeling evidence-based principles in this study indicates an opportunity to strengthen role-modeling behaviors. Benner's (1984) Novice to Expert Theory supports the notion that role modeling is essential for developing clinical expertise, as leaders who visibly embody evidence-based decision-making influence team norms and accelerate professional growth. From a theoretical point of view, Parse's Human Becoming Theory (1992), as previously mentioned, gives emphasis on the importance of relational engagement and mutual respect in shaping meaningful practice transformation, which means that when trust and open acknowledgment of staff contributions are limited, EBP integration will remain technical rather than value-driven. As agreed by Sandrine Corbaz-Kurth (2025), collaborative environments foster trust, enabling nurses to share knowledge, reflect on practice, and challenge outdated routines without fear of judgment.

Summing up, the findings indicate that nurse managers practice collaboration through coordination and teamwork; however, there is a need to strengthen peer relationships, such as trust, shared decision-making, and visible role-modeling, to fully support sustainable EBP implementation. Further, nurse managers are fully aware that leadership practices must move beyond operational coordination toward inclusive, empowerment-centered, and trust-based collaborative cultures.

While the results generally showed agreement, the researcher identified several areas of disagreement and weak EBP implementation, particularly in communication and collaboration. Nurse managers reported positive leadership roles; however, gaps and disagreements surfaced in some aspects of communication, such as promoting open dialogue about EBP challenges, conducting regular meetings for EBP refinement, and using multiple communication platforms, suggesting that communication remains more directive than participatory, thereby limiting staff engagement and shared understanding of evidence-based practices.

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Several weak areas are also noted on collaboration, where nurse managers disagreed on actively promoting collaborative EBP efforts, recognizing staff contributions, fostering trust, and modeling evidence-based practices, indicating that while coordination is present, deeper collaboration and shared decision-making are not fully developed.

Although the study found leadership to be supportive, it highlighted existing weaknesses, indicating a significant gap between leadership intentions and actual practice. The limited participation of staff and weak collaboration hinder effective implementation of evidence-based practice (EBP), thereby treating it as a compliance-driven activity rather than a fully integrated and sustainable component of clinical care.

The study further revealed a gap between leadership and mentorship where continuous coaching, guidance, and support are not consistently practiced despite the effective supervision and performance monitoring of the nurse managers, thereby suggesting that EBP implementation may be guided but not fully supported, which may limit nurses' confidence and engagement in applying evidence-based practices in clinical settings.

Table 4.
Mean and standard deviation of the role of nursing leadership styles on EBP implementation in terms of collaboration.

Statements	$\bar{x}$	*s*	*Interpretation*
As a nurse manager I….			
1. actively promote collaborative efforts among my subordinates to integrate EBP into practice	2.38	0.64	*Disagree*
2. encourage inter professional teamwork to enhance the implementation	2.63	0.71	*Agree*
3. set as example on EB principles in my leadership practice to influence team behavior	2.47	0.60	*Disagree*
4. provide consistent support to my team when they engage in EBP activities	2.55	0.59	*Agree*
5. ensure open and effective communication during team meetings about EBP	2.68	0.75	*Agree*
6. strengthen team unity by promoting shared commitment to EBP goals	2.53	0.65	*Agree*
7. coordinate with other health care team members, units or departments to facilitate EBP initiatives	2.65	0.63	*Agree*
8. recognize and acknowledge inputs of each member in EBP related decision making	2.43	0.74	*Disagree*
9. provide an opportunity for the staff nurses to share their knowledge on EBP	2.63	0.64	*Agree*
10. ensure that interpersonal conflicts will not affect teamwork during EBP implementation	2.62	0.67	*Agree*
11. foster an environment of trust and mutual respect among and between staff nurses, other healthcare team members and patients.	2.42	0.56	*Disagree*
OVERALL MEAN	**2.55**	**0.66**	***Agree***

Differences between Role Leadership and EBP Implementation

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Table 5 presents the difference between the role of leadership and EBP implementation. One-way ANOVA was used to determine the difference, with its level of significance ($\alpha = 0.05$), degrees of freedom (df), F-value, and p-value, together with the corresponding interpretation and decision, which are also presented. Furthermore, to examine significant differences among role leadership variables in terms of Evidence-Based Practice (EBP) implementation, the Tukey's HSD (Honestly Significant Difference) post-hoc test was used, including comparisons of age ranges, mean differences, and standard deviations. error, 95% Confidence Interval, p-value, and its corresponding interpretation were presented in Table 6.

The descriptive statistics of the study showed the mean score and standard deviation for leadership styles as 2.7262 with a standard deviation of 0.39308, for communication 2.6035 with a standard deviation of 0.33318, and for collaboration 2.5445 with a standard deviation of 0.40399. The overall mean across all role leadership variables was 2.6247. These results suggest that nurse managers moderately perceive leadership roles as a contributing factor in the integration and implementation of Evidence-Based Practice (EBP), with leadership style as the strongest perceived influence. This further implies that managers' behaviors, decision-making approaches, and the guidance they provide to nurses are significantly essential in encouraging them to adopt evidence-based interventions in clinical practice.

The findings also highlighted the importance of leadership in shaping the organizational environment that supports EBP and that effective leadership styles which are supportive, participative, and transformational, can create a culture of inquiry, encourage staff engagement, and promote openness and readiness to change. According to Omnyi et al (2025) leaders who demonstrate commitment to evidence-based decision-making and actively support staff through guidance, motivation, and resource allocation, nurses are more likely to engage and integrate research evidence into their clinical practice. However, leadership style is more effective when it is paired with good communication and collaboration because clear communication ensures that evidence-based guidelines, policies, and expectations are understood by staff nurses, while collaboration encourages teamwork, knowledge sharing, and interdisciplinary cooperation thereby building a supportive organizational culture where staff nurses feel empowered to apply research evidence in patient care. Therefore, strengthening leadership capabilities in these areas may enhance successful integration, implementation and sustainability of EBP within healthcare organizations.

The ANOVA results showed a statistically significant difference among the leadership role dimensions in relation to EBP implementation ($F(2,177) = 3.606$, $p = .029$). Since the p-value is less than the significance level of 0.05, the null hypothesis that states there is no significant difference among the leadership roles in EBP implementation is rejected, which implies that the components of leadership, such as leadership styles, communication, and collaboration, vary significantly in their influence on the implementation of evidence-based practice. The result further suggests that leadership behaviors do not influence EBP implementation. Effective leadership styles, supported by clear communication and collaborative practices, contribute more to the adoption and sustainability of evidence-based interventions in clinical settings. Thus, strengthening these leadership dimensions is essential yet crucial to enhance the successful implementation of EBP within healthcare organizations.

While leadership styles demonstrated stronger influence on EBP implementation, collaboration yielded lower mean scores and several disagreement indicators, suggesting that leadership in the clinical setting remains more directive and performance-oriented, whereas collaborative

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processes such as shared decision-making, recognition, and trust-building are less consistently practiced, implying that EBP is implemented as a compliance rather than collective ownership and engagement.

Table 5.
Difference between the role of leadership and EBP implementation.
Descriptive:

	N	*Mean*	*Std. Deviation*
Leadership styles	60	2.7262	.39308
Communication	60	2.6035	.33318
Collaboration	60	2.5445	.40399
Total	**180**	**2.6247**	**.38349**

ANOVA
Role Leadership

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*	Interpretation	*Decision*
Between Groups	1.031	2	.515	3.606	.029	Significant	*Reject Ho*
Within Groups	25.294	177	.143				
Total	26.325	179					

Difference between the role of leadership and EBP implementation.
Table 6 presents the significant difference between the role of leadership and EBP implementation. The findings of the study revealed no statistically significant difference in leadership and communication, with a mean difference of 0.12267, a p-value of 0.180, and a 95% confidence interval ranging from −0.0405 to 0.2858. Since the p-value exceeds the level of significance ($\alpha = 0.05$) and the confidence interval includes zero, the null hypothesis is accepted, indicating no significant difference in leadership and communication regarding EBP implementation.

In contrast, the statistics showed a significant difference between leadership and collaboration, with a mean difference of 0.18167 and a p-value of 0.025. The associated 95% confidence interval (0.0185 to 0.3448) does not include zero, affirming the result's significance and thereby rejecting the null hypothesis, indicating a significant difference between leadership and collaboration in EBP implementation. Similarly, the reverse comparison between collaboration and leadership showed a significant difference, with a mean difference of −0.18167 and a p-value of 0.025. The 95% confidence interval (−0.3448 to −0.0185) excludes zero, thereby rejecting the null hypothesis. This result indicates that leadership styles have a stronger, more distinct influence on EBP integration and implementation than collaboration.

The post-hoc findings concluded that while communication and collaboration have relatively similar roles in supporting EBP implementation, still leadership styles are the most influential dimension rather than collaboration implying the importance of effective leadership approaches in creating an environment that promotes the adoption, integration, implementation and sustainability of evidence-based practices.

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Table 6.
Post-Hoc Test on the Significant difference among the role leadership and EBP implementation.

(I) Groups	*(J) Groups*	*Mean Difference (I-J)*	*Std. Error*	*95% CI*		*p-value*	*Interpretation*
Leadership	Communication	.12267	.06902	-.0405	.2858	.180	*Accept Ho*
	Collaboration	.18167*	.06902	.0185	.3448	.025	*Reject Ho*
Communication	Leadership	-.12267	.06902	-.2858	.0405	.180	*Accept Ho*
	Collaboration	.05900	.06902	-.1041	.2221	.669	*Accept Ho*
Collaboration	Leadership	-.18167*	.06902	-.3448	-.0185	.025	*Reject Ho*
	Communication	-.05900	.06902	-.2221	.1041	.669	*Accept Ho*

Challenges and Difficulty in the implementation of Evidence-Based Practices in the clinical Settings

Table 7 presents the challenges and difficulties experienced by nurse managers in implementing EBP in the clinical settings. The result of the study revealed that nurse managers agreed that they moderately experience challenges and difficulties in implementing EBP with an overall mean of 2.69 (SD = 0.63). This finding is accounted to the presence of barriers to a meaningful extent influencing the sustainability of evidence-based initiatives Nurses prioritizing traditional practices over evidence-supported approaches (2.85), nurses feels overwhelmed by the information and changes associated with EBP implementation (2.83), and workload constraints limiting time for EBP-related learning activities (2.80) were the highest-rated challenges which strongly aligns to the study of (Polit & Beck, 2021; Alatawi et al., 2020) that resistance to change, information overload, and time limitations as persistent global barriers to research utilization in nursing practice while prioritization of traditional practices over research-based innovations reflects cultural inertia within clinical environments. Additionally. Polit and Beck (2021) emphasized that deeply embedded routines can hinder adoption of new evidence, especially when change disrupts familiar workflows.

The present findings confirm that even when evidence and resources are available, when habitual clinical patterns exist and prevails it will hinder EBP implementation. Thus, leadership strategies should not only focus on procedural compliance but to address cultural transformation.

The study also showed that workload constraints is a barrier, reinforcing findings of the study of Alatawi et al. (2020), that time pressure and heavy clinical demands are hindrances in research appraisal and learning activities engagement among nurses because they struggle to integrate evidence into daily practice despite recognizing its importance. This further supports Polit and Beck's (2021) argument that structural and organizational barriers often outweigh individual motivation in determining EBP adoption. The moderate agreement that nurses feel

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overwhelmed by information further suggests cognitive and systemic overload affecting their motivation, confidence and willingness to engage in research-driven practice change.
In addition, nurses lack sufficient foundational knowledge (2.73) and confidence in critically appraising research articles (2.72) hinders EBP implementation. These findings are consistent with Hendy et al (2025) and Melnyk et al (2023) who reported that limited research competence, self-efficacy, psychological capital and organizational readiness influence nurses' ability to apply evidence in practice especially so when nurses are in doubt with their skills, they will opt to traditional methods which they perceived as safer or more familiar.

Another challenge is fostering a consistent culture of inquiry with a mean score of (2.70) and nurses' hesitation to question established practices (2.70) reflecting organizational climate issues rather than purely individual problem. According to World Health Organization (2020) leadership must cultivate an environment that champions questioning, innovation, and shared governance because in settings where questioning authority is culturally discouraged, EBP adoption may remain superficial. As concurred by Melnyk et al. (2023) organizational culture is a mediator between leadership behaviors and EBP sustainability.

Interestingly, the nurse managers disagreed with the statement that nurses do not see the relevance or applicability of EBP to specific patient populations with a mean score of (2.48) suggesting that awareness of EBP's value exists, even if there are practical barriers and hindrances which is contrasts with the findings of Moraa, et al (2024) that nurses are sceptical towards research applicability because nurses perceived the gap between research findings and real-world clinical conditions since most research studies are conducted in controlled environments, which may not fully reflect the complexity of patient care situations encountered by nurses in everyday practice. Therefore, this challenge is not the attitudinal rejection of nurses towards EBP but structural and competency-related limitations.

From a theoretical point of view, Benner's (1984) Novice to Expert Theory identified lack of confidence in research appraisal as a challenge in EBP adoption because nurses transitioning from competence to proficiency require guided experiential learning and mentorship to integrate theoretical evidence into intuitive practice, and without structured developmental support, evidence appraisal may remain abstract and intimidating. Similarly, Parse's (1992) Human Becoming Theory suggests relational engagement and shared decision-making result in a meaningful practice transformation, while when nurses feel overwhelmed or unsupported, engagement with EBP may remain compliance-driven rather than intrinsically motivated.

In contrast, Oklahoma City University (2024) reported that strong transformational leadership, resistance, and knowledge gaps can significantly reduce motivation in EBP implementation, although transformational leaders inspire intrinsic motivation, reshape culture, and empower nurses to embrace innovation. The persistence of moderate barriers in this study suggests that leadership efforts, while present, may require further strengthening in mentorship, protected time allocation, and resource accessibility.

In summary, the findings showed that EBP implementation challenges in the studied clinical settings are multifactorial, encompassing individual knowledge deficits, psychological resistance, workload pressures, and organizational culture constraints. Although nurses recognize the relevance of EBP, its integration, implementation, and sustainability require comprehensive leadership strategies not only addressing structural, educational, and cultural dimensions but nurses' behavior as well, since they are the implementers of EBP.

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Table 7.
Challenges and difficulties in the implementation of evidence-based practices in clinical settings.

Statements	$\bar{x}$	*s*	*Interpretation*
As a nurse manager, I encountered that …			
1. nurses do not have sufficient foundational knowledge about Evidence-Based Practice principles	2.73	0.66	*Agree*
2. it is challenging to motivate some of them to seek out and utilize research findings in their practice	2.65	0.66	*Agree*
3. some of the nurse's express resistance to changing established and traditional routines, even when presented with evidence.	2.67	0.57	*Agree*
4. many of the nurses do not have the confidence in their ability to critically appraise research articles	2.72	0.69	*Agree*
5. adequate time is needed for all of them to engage in EBP-related learning activities due to workload demands	2.80	0.40	*Agree*
6. some of the nurses do not see the relevance or applicability of EBPs to specific patient population.	2.48	0.62	*Disagree*
7. it is challenging to ensure all of them have consistent access to relevant research resources and guidelines	2.67	0.71	*Agree*
8. the diversity of the team requires individual attention to address their varying levels of EBP knowledge and skills	2.77	0.70	*Agree*
9. some of the nurses are hesitant to question established practices, even when evidence suggests alternatives	2.70	0.65	*Agree*
10. fostering a consistent culture of inquiry and evidence-based thinking to them is very challenging	2.70	0.56	*Agree*
11. many of the nurses prioritized traditional practices over new approaches supported by evidence.	2.85	0.52	*Agree*
12. the resources are only limited to personnel who provides tailored EBP training and support	2.58	0.65	*Agree*
13. some of the nurses are overwhelmed by the information and changes associated with implementing EBPs.	2.83	0.64	*Agree*
14. effectively communicating to them the value and benefits of EBP in a way that resonates with all of them is very challenging	2.68	0.65	*Agree*
15. some of the nurses do not actively participate in EBP-related discussions or initiatives within the unit/department	2.58	0.62	*Agree*
OVERALL MEAN	**2.69**	**0.63**	***Agree***

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Thematic Analysis

The themes presented below are taken and arranged from the qualitative data gathered from the Chief Nurse, Assistant Chief Nurse, Supervisors, and Head Nurses. Their responses describe how nursing leadership facilitates the implementation of Evidence-Based Practice (EBP) in clinical settings.

Theme 1: Strategic Leadership and Organizational Support for EBP

The findings reveal that nurse managers recognized and acknowledged the importance of institutional support and strategic leadership significantly indicating the role of nursing leadership in creating a supportive organizational structure that prioritizes patient safety, quality improvement, and research-based clinical decision-making thereby strengthening the implementation of evidence-based practice Nurse manager further emphasized the need to integrate EBP into organizational policies, quality improvement programs, and institutional structures to ensure sustainability.

Chief nurse 1 verbalized, *"I would establish a formal EBP program supported by a multidisciplinary committee responsible for reviewing evidence, guiding practice changes, and ensuring alignment with the hospital's mission, quality standards, and patient safety goals. To ensure sustainability, EBP would be embedded in organizational policies, performance evaluations, and quality indicators, supported by continuous monitoring, incentives, and leadership accountability.*

Similarly, the assistant chief nurse added that *"I would focus on operationalizing evidence-based practice at the unit level by supporting nurse managers and engaging staff nurses. I would facilitate mentorship and coaching programs that guide nurses in translating evidence into clinical practice".*

These responses indicate that establishing and operationalizing a formal EBP program at the unit level supported by a multidisciplinary committee that mentors. Coaches and collaborating with nurses would help guide practice changes and ensure that evidence-based interventions are aligned with the hospital's mission, quality standards, and patient safety goals.

Theme 2: Leadership Support and Mentorship in Translating Evidence into Practice

In this study the supervisors highlighted their role in providing direct supervision, guidance, and clarification regarding evidence-based guidelines. They emphasized that with mentoring, they can help bridge the gap between research knowledge and actual clinical application thereby developing nurses' self-confidence in promoting the integration of EBP in everyday nursing practice.

Supervisor 1 stated that "*I would strengthen evidence-based practice by providing direct supervision and guidance during the implementation of updated clinical guidelines. I would consistently explain the purpose and benefits of EBP during endorsements and meetings to promote understanding and acceptance among staff nurses*."

Head Nurse 1 also agreed that *"I would ensure staff nurses understand updated clinical guidelines and their application to daily care. Regular reviews and explanations of the evidence behind practice changes would strengthen compliance and confidence."*

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These responses implies that supervisors and head nurses play an important role in providing active leadership support and guidance among staff nurses to facilitate the implementation of evidence-based practice (EBP) and ensure that nurses understand updated clinical guidelines and the rationale behind evidence-based interventions. Nurse leaders must not only give direct supervision, explanation of EBP benefits, and continuous guidance during clinical practice, but must help staff nurses gain confidence and competence in applying research-based knowledge to patient care as well.

This theme further suggests that active involvement of leaders in implementation enhances and strengthens the translation of research evidence into clinical practice because nurses are properly guided, clarified on protocols, and monitored on the application of evidence-based guidelines, thus creating a supportive learning environment that encourages nurses to adopt, comply with clinical standards and sustain EBP in their daily practice thereby promoting professional development and improving the overall quality of patient care.

Theme 3: Effective Communication and collaboration in promoting EBP

During the interview, communication and collaboration emerged as critical leadership functions that facilitate EBP implementation. Supervisors and head nurses emphasized the importance of open communication by explaining the purpose, benefits, and procedures of evidence-based practices during meetings, endorsements, and case discussions, encouraging staff to ask questions, express concerns, and gain a clearer understanding of new protocols.

As verbalized by Supervisor 3, *"I would foster open communication and teamwork by encouraging staff nurses to share experiences and challenges related to evidence-based practice. Through regular discussions, it can help identify barriers and work with the team to develop practical solutions."*

Similarly, Head Nurse 3 mentioned, *"I would encourage teamwork and collaboration during EBP implementation by facilitating regular unit meetings where staff can share experiences and propose solutions."*

The Assistant Chief Nurse further added that *"Through interdisciplinary collaboration, regular case discussions, and effective communication platforms, I would help sustain EBP integration, address implementation barriers, and ensure alignment with unit action plans and quality improvement initiatives.*

These verbalizations show that effective communication, paired with collaboration, promotes transparency and helps reduce resistance to change by allowing nurses to better appreciate the value of evidence-based interventions in improving patient outcomes. Moreover, collaboration allows nurses to collectively identify barriers, share clinical experiences, and develop practical solutions to enhance the implementation of evidence-based care.

Theme 4. Monitoring, Feedback, and Quality Improvement

The interview participants emphasized that monitoring and evaluation are important leadership strategies for ensuring effective EBP implementation in clinical settings. According to the nurse managers, consistent monitoring mechanisms, such as observation, chart reviews, and audits, help ensure that staff nurses adhere to established evidence-based guidelines and clinical protocols.

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For instance, Supervisor 4 stated that *"As a supervisor, I would ensure adherence to evidence-based protocols by conducting regular observations and chart reviews. When gaps are identified, I would provide immediate feedback and coaching to improve compliance and patient care quality."*

Similarly, monitoring activities were also linked to continuous quality improvement as stated by supervisor 8, "*I would promote continuous improvement by supporting simple audits and feedback activities. I would guide staff nurses in using outcome data to refine practices and strengthen long-term EBP sustainability."*

These responses indicate that nurse supervisors play an active role in overseeing, monitoring, and evaluating the implementation of EBP by providing feedback, reinforcing professional development among nurses, and using clinical data to improve nursing practice and patient care. The interview responses also suggest that monitoring and evaluation can help provide feedback on identified gaps in EBP practice to continuously improve nurses' performance, ensure compliance with evidence-based protocols, and sustain the integration of EBP within the healthcare organization.

Theme 5: Motivation, Recognition, and Supportive Work Environment

Motivating staff nurses was also identified as a leadership strategy in which nurse managers recognized and acknowledged staff nurses' efforts, emphasized best practices during meetings, and provided constructive feedback to reinforce positive behaviors. This indicates that a supportive and non-threatening work environment encourages staff nurses to participate actively in EBP initiatives and openly discuss challenges they encounter.

According to Supervisor 5 "*I would motivate staff nurses by recognizing and acknowledging their efforts in implementing evidence-based practice. I would highlight best practices during meetings and reinforce positive performance through constructive feedback."*

Similarly, Head Nurse 5 shared that "As a head nurse, I would motivate staff nurses by recognizing and acknowledging their contributions to evidence-based practice. Positive reinforcement would enhance engagement and morale.

The statements of these nurse managers suggest that positive reinforcement, acknowledgment of achievements, and constructive feedback motivate staff nurses, especially when they are recognized and appreciated for implementing evidence-based practices, which further enhances their sense of professional value, increases job satisfaction, and encourages continued engagement in quality improvement initiatives.

This finding implies that healthcare organizations create recognition and incentive programs, such as acknowledging outstanding performance during meetings, providing certificates of recognition, or incorporating EBP contributions into performance evaluations to highlight their exemplary performance, thereby cultivating a supportive organizational culture that motivates nurses to continuously apply research evidence in their clinical practice.

Furthermore, the results of this theme suggest that motivational leadership can foster a positive work environment and readiness to embrace changes in clinical practice that promote professional growth, teamwork, and commitment to patient safety and quality care. Since nurses feel supported and valued by their nurse managers, they are more likely to be engaged, practice, and promote a culture that values evidence-based interventions and practice.

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Theme 6: Addressing Barriers and Sustaining Evidence-Based Practice

In light of the challenges faced by nurse managers in EBP implementation, they finally acknowledged the need to address barriers to EBP adoption.

According to Supervisor 7, *"I would provide on-site support and individualized guidance to address resistance and challenges in EBP implementation. Creating a supportive and non-threatening environment would encourage openness and continuous learning."*

As mentioned, these barriers include resistance to change, limited understanding of research, and challenges in applying evidence to practice. Leaders addressed these issues by providing clear guidance, simplifying protocols, ensuring access to evidence-based resources, and encouraging reflective practice. This result is supported by the head nurse 6 statement that ***"****providing clear, simple, and practical guidance can help address the challenges in EBP implementation. Making protocols accessible and easy to understand would support consistent implementation."*

This therefore concludes that sustaining EBP requires continuous leadership support, regular communication, and integration of evidence-based goals into unit plans and daily nursing activities.

SUMMARY

This study aimed to determine the role of nursing leadership in implementing Evidence-Based Practice (EBP) in clinical settings, focusing on leadership styles, communication, collaboration, and challenges encountered in implementation.

1. On Demographic Profile

The majority of participants were male, mid-career nurse leaders, such as head nurses and supervisors, and most were pursuing or holding graduate-level education, indicating that they possessed adequate professional experience and academic preparation to influence EBP implementation.

2. On leadership styles and EBP implementation

Nurse managers reported that they are actively modeling EBP behaviors, motivating staff, and reinforcing compliance through monitoring and incentives, thereby suggesting that leadership style greatly influences EBP implementation.

3. On communication, collaboration, and teamwork in EBP Implementation

The results suggest that communication and collaboration contribute to successful EBP integration and implementation. Nurse managers effectively communicated expectations and monitored adherence. However, participatory communication practices such as open dialogue and regular EBP refinement meetings were less evident. While interprofessional coordination and teamwork were encouraged, building trust, staff recognition, and shared decision-making were found to be weak and seldom practiced.

4. A significant difference among leadership variables

ANOVA results revealed statistically significant differences among leadership style, communication, and collaboration, indicating that leadership style had a stronger influence on EBP implementation.

5. On Challenges in EBP Implementation

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The result of the study identified major challenges, such as:

a. Preference for traditional practices over evidence-based approaches
b. Information overload
c. Workload constraints limiting time for EBP engagement
d. Limited research appraisal confidence
e. Resistance to change.

CONCLUSIONS

Based on the findings of the study, the researcher therefore concluded that nursing leadership and leadership styles are significant in facilitating the implementation of evidence-based practice in clinical settings. The result suggests that leadership behaviors and decision-making approaches strongly influence the successful adoption of evidence-based practices. However, leadership styles should be paired with good communication and collaboration to make it more effective. Furthermore, the results showed significant differences among the leadership role variables in relation to EBP implementation, indicating that these leadership components contribute differently to promoting evidence-based care.

Further, the study finds that leadership effectiveness is not fully implemented and maximized, as evidenced by weak communication and collaboration practices, suggesting that current leadership approaches may promote compliance but may not fully support engagement, empowerment, and long-term sustainability of evidence-based practice.

RECOMMENDATIONS

Based on the findings of the study, the researcher arrived at the following recommendations:

Nursing Leaders:

1. Must enhance and strengthen transformational leadership competencies through structured leadership development programs.
2. Conduct regular EBP meetings for feedback and planning to foster participatory communication and collaborative problem-solving.
3. Plan and implement recognition programs to acknowledge staff contributions to EBP initiatives.

Nursing administrators:

1. Must allocate protected time for EBP-related learning and research appraisal activities to guide nurses during EBP implementation
2. Should establish an interdisciplinary EBP committee responsible for EBP protocol monitoring and evaluation.
3. Provide or improve access to digital research platforms and updated clinical guidelines to practice change.

Nursing Education Institution:

1. Must enhance research literacy and implementation within nursing curricula.
2. Should offer free continuing education workshops focused on EBP competency and leadership for professional growth and enhance EBP skills.
3. Strengthen academic-clinical partnerships to support translational research initiatives.

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