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Barriers To Evidence-Based Practice Among Ophthalmology Nurses in Pangasinan: A Phenomenological Study

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Abstract- ***Evidence-Based Practice (EBP) is widely recognized as an essential component of safe, high-quality, and patient-centered nursing care because it integrates current research evidence, clinical expertise, and patient preferences in clinical decision-making. Despite its importance, the implementation of EBP in specialized fields such as ophthalmology nursing remains inconsistent due to professional and organizational challenges. This study explored the lived experiences of ophthalmology nurses regarding the barriers and support systems influencing the implementation of EBP in clinical practice. Specifically, it examined the challenges affecting EBP utilization, the workplace support systems that assist nurses in applying evidence-based care, the influence of EBP on clinical decision-making and patient care, and the meanings nurses attribute to EBP in their daily professional practice. The study employed a qualitative descriptive-phenomenological approach, using Colaizzi's descriptive phenomenological analysis. purposively ten (10) ophthalmology nurses from selected public and private hospitals and ophthalmology clinics in Urdaneta City, Pangasinan, and nearby areas were selected. Data were gathered through semi-structured, in-depth interviews and analyzed through systematic extraction of significant statements, formulation of meanings, clustering of themes, and exhaustive thematic description. Four major themes emerged from the analysis: (1) Structural and Professional Barriers to Evidence-Based Practice, (2) Organizational and Collaborative Support Systems in EBP Implementation, (3) Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care, and (4) Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care. Findings revealed that ophthalmology nurses value EBP as a guide for safe and effective patient care; however, inadequate specialty-specific training, limited access to resources, workload pressures, and insufficient institutional support continue to affect its consistent implementation. The study highlights the importance of strengthening professional development, mentorship, leadership support, and access to evidence-based resources to improve the utilization of evidence and promote safer, high-quality ophthalmology nursing practice.***

Keywords: Evidence-Based Practice, Clinical Guidelines, Leadership Support, Professional Development

I. INTRODUCTION

Background of the Study

Evidence-Based Practice (EBP) has become a fundamental standard in modern healthcare because it promotes combining the most reliable research evidence, clinical expertise, and patient preferences into clinical decision-making. In nursing practice, EBP supports the delivery of safe, effective, high-quality, and patient-centered care while improving healthcare outcomes and reducing unnecessary variations in treatment.

Globally, healthcare institutions continue to strengthen EBP implementation as part of expansive efforts to improve patient safety, healthcare efficiency, and professional accountability. According to the World Health Organization (2024), evidence-informed healthcare systems significantly reduce clinical errors, improve interdisciplinary collaboration, and strengthen the quality of healthcare delivery. As healthcare becomes increasingly complex and technology-driven, nurses are expected to continuously update their competencies and apply current evidence in clinical practice.

The significance of EBP is especially evident in specialized nursing fields where patient care requires advanced technical competence, rapid clinical judgment, and adherence to evolving standards of care. Specialized nurses frequently manage complex clinical conditions that require precise, evidence-

informed interventions. Studies have shown that integrating EBP into specialized nursing practice improves clinical decision-making, strengthens patient safety, enhances workflow efficiency, and supports better patient outcomes (Melnyk & Fineout-Overholt, 2023; Saunders et al., 2024). Despite these benefits, the consistent implementation of EBP remains challenging due to insufficient training, limited access to research resources, heavy workload, inadequate institutional support, and reduced confidence in research utilization (Shayan et al., 2022; Alatawi et al., 2023). These concerns become more critical in highly specialized healthcare settings where opportunities for specialty-focused education and evidence-based training are often limited.

One specialized area where EBP is particularly essential is ophthalmology nursing. Ophthalmology nurses play a critical role in preserving visual health and supporting patients undergoing diagnostic, medical, and surgical eye procedures. Their responsibilities include perioperative care, medication administration, infection prevention, patient education, postoperative monitoring, and assistance during microsurgical interventions. Because ophthalmic conditions can rapidly progress and lead to irreversible blindness, ophthalmology nurses must consistently apply up-to-date clinical evidence and standardized guidelines to ensure safe, accurate patient care. In ophthalmology settings, even minor clinical errors may significantly affect surgical outcomes, visual recovery, and patient quality of life.
Healthcare systems worldwide continue to face nursing shortages affecting specialized fields such as ophthalmology. According to the International Council of Nurses (2024), workforce deficits, rising patient demands, and staff burnout threaten the quality and safety of healthcare globally. In ophthalmic services, staffing gaps can lead to higher workloads, fewer opportunities for ongoing education, and challenges in adhering to evidence-based practices. Studies also link inadequate staffing and heavy workloads with increased clinical errors, delayed treatments, and patient safety risks (World Health Organization, 2024). These issues underscore the need to enhance evidence-based ophthalmology nursing practices to ensure safe, effective patient care despite ongoing workforce challenges.

The implementation of EBP in ophthalmology nursing remains inconsistent across healthcare institutions. Nurses working in specialized clinical areas often rely heavily on experiential learning because of limited access to specialty-specific education, mentorship, and up-to-date clinical resources (Li et al., 2024). Organizational factors, such as staffing limitations, time constraints, insufficient institutional support, and a lack of structured EBP programs, further affect the integration of evidence into daily nursing practice. Moreover, the rapid advancement of ophthalmic technologies and treatment approaches requires nurses to adapt to emerging evidence and evolving standards of care continuously.

In the Philippines, the importance of EBP has gained increasing recognition in nursing education and healthcare practice. Hospitals, academic institutions, and professional organizations continue to encourage evidence-informed nursing care through continuing professional development, research engagement, and quality improvement initiatives. However, the integration of EBP into clinical practice remains inconsistent across healthcare settings due to disparities in institutional resources, limited access to research, insufficient training opportunities, and varying levels of organizational support.

The Philippine healthcare system also continues to experience nursing workforce shortages, particularly after the COVID-19 pandemic, which significantly affected healthcare delivery and staffing patterns. According to the Department of Health and the Philippine Nurses Association, many healthcare institutions continue to experience increased workloads and staffing limitations, affecting nurses' ability to deliver evidence-based care and engage in continuing professional development consistently. These workforce challenges may be more pronounced in specialized clinical areas such as ophthalmology nursing, where trained personnel and specialty-focused educational opportunities remain limited.

Local studies further suggest that inadequate staffing and workload pressures contribute to increased stress, reduced efficiency, and greater risk of clinical errors

among nurses in Philippine healthcare settings (Cruz et al., 2022). In ophthalmology care, where procedures often require precision, sterility, and accurate patient monitoring, these challenges may directly affect patient safety and quality outcomes. Additionally, the limited availability of local ophthalmology nursing research indicates that the experiences of nurses working in specialized eye care settings remain underrepresented in Philippine nursing literature.

The COVID-19 pandemic further emphasized the need for evidence-based ophthalmic care in the country. During the pandemic, ophthalmology services rapidly adapted to infection-control measures, modified clinical workflows, and telehealth consultations to guarantee continuity of care while minimizing infection risks. Ophthalmology nurses were required to quickly interpret evolving clinical guidelines and apply evidence-informed interventions under highly uncertain healthcare conditions. Although these changes demonstrated the importance of EBP in maintaining safe healthcare delivery, they also highlighted gaps in specialty training, technological readiness, and institutional support that affected nurses' confidence and their ability to apply evidence in practice consistently.

Although several studies have explored EBP among nurses in general healthcare settings, few have specifically examined ophthalmology nurses' experiences with EBP implementation in the Philippine context. Existing local studies primarily focus on general nursing practice, leaving specialized nursing areas underrepresented in research literature. Furthermore, little is known about how ophthalmology nurses experience barriers related to training, workload, access to resources, and organizational support when implementing evidence-based care in daily clinical practice.

Given these gaps, there is a need to explore ophthalmology nurses' lived experiences with barriers to implementing Evidence-Based Practice in clinical settings. Understanding these experiences may provide deeper insight into the professional, organizational, and systemic factors affecting evidence utilization in ophthalmology nursing practice. Findings from this study may contribute to the development of responsive educational programs, stronger institutional support systems, and evidence-informed strategies that strengthen EBP integration in specialized nursing care.

This study, therefore, aims to explore and understand ophthalmology nurses' lived experiences of implementing Evidence-Based Practice in clinical settings. Specifically, it seeks to identify barriers to EBP utilization, examine how these factors affect clinical decision-making and patient care, and generate evidence-informed recommendations to strengthen ophthalmology nursing practice and improve healthcare outcomes in the Philippines.

Theoretical Framework

This study is anchored in the Promoting Action on Research Implementation in Health Services (PARIHS) Framework, originally developed by Alison Kitson and colleagues in 1998 and later refined by Jo Rycroft-Malone and colleagues to strengthen its application in healthcare and nursing research. The PARIHS framework was developed to explain why some evidence-based interventions are successfully implemented in healthcare settings while others fail to become integrated into routine clinical practice. According to the framework, successful implementation of Evidence-Based Practice (EBP) occurs through the dynamic interaction among three major elements: evidence, context, and facilitation (Harvey & Kitson, 2015; Rycroft-Malone et al., 2021).

The framework is particularly relevant to this study because it provides a comprehensive, analytical perspective on how ophthalmology nurses experience the implementation of EBP in specialized clinical settings. Rather than focusing solely on individual knowledge or clinical skills, the PARIHS framework recognizes that evidence utilization is also shaped by organizational conditions, workplace culture, leadership support, and systems that either strengthen or hinder evidence-based care. This perspective

aligns with the study's central purpose, which sought to explore the lived experiences of ophthalmology nurses regarding the barriers to implementing EBP in clinical practice.

The first component of the framework, evidence, refers to integrating current research findings, clinical expertise, patient experiences, and professional knowledge in clinical decision-making. Within ophthalmology nursing practice, evidence includes the use of updated clinical guidelines, infection-control measures, perioperative ophthalmic protocols, medication safety standards, and evidence-informed patient education strategies. Because ophthalmic procedures often involve delicate microsurgical interventions and highly specialized patient care, nurses must continuously apply the most up-to-date evidence to reduce complications and improve patient outcomes.

This study examined how participants perceive evidence through interview questions about their understanding of EBP, their use of clinical guidelines and protocols, their experiences with evidence use, and the challenges they face in applying evidence in patient care. Participants discussed limited specialty-specific training, limited access to current resources, and decreased confidence in applying evidence, which directly highlight issues related to the evidence component of the framework.

The second component, context, refers to the environment in which healthcare is delivered. Context includes organizational culture, staffing adequacy, leadership support, institutional policies, workload conditions, communication systems, and resource availability. The PARIHS framework emphasizes that even when evidence is available, implementation may remain ineffective if the organizational environment does not support evidence utilization.

This component strongly aligned with the interview domains related to workplace experiences, organizational barriers, staffing conditions, access to resources, teamwork, and institutional support systems. Participants described how heavy workloads, staffing shortages, time constraints, and limited access to evidence-based resources hindered their ability to implement EBP in ophthalmology nursing practice consistently. Conversely, participants emphasized that supportive leadership, teamwork, mentorship, and the availability of clinical guidelines helped them manage clinical responsibilities and apply evidence-informed interventions despite existing limitations.

In ophthalmology nursing, context is particularly important because patient care often involves time-sensitive procedures, precise interventions, and rapidly changing clinical demands. Organizational limitations may therefore directly affect workflow efficiency, adherence to standards, and patient safety outcomes.

The third component, facilitation, refers to the processes that help healthcare professionals integrate evidence into clinical practice. Facilitation includes mentorship, clinical supervision, continuing professional development, leadership engagement, educational programs, and organizational strategies that strengthen nurses' competencies and confidence in applying evidence-based interventions.

In this study, facilitation was reflected in interview questions that explored how participants received guidance, mentorship, supervision, and support in implementing EBP. Participants frequently described relying on senior staff, teamwork, institutional protocols, and leadership support when performing unfamiliar procedures or making clinical decisions. These findings demonstrated the important role of facilitation in helping nurses bridge the gap between theoretical knowledge and actual clinical application.
The facilitation component was particularly relevant in ophthalmology nursing, as participants identified limited specialty-specific preparation and rapidly evolving clinical technologies as major challenges to EBP implementation. Effective facilitation through mentorship, training opportunities, and professional support systems, therefore, became essential to helping nurses adapt to specialized clinical demands and maintain safe patient care.

The PARIHS framework guided both the development of the interview questions and the

interpretation of the study findings. The interview guide was structured around participants' experiences with evidence utilization, organizational conditions, and support systems influencing EBP implementation. During data analysis, the framework served as an analytical lens in organizing and interpreting participants' narratives regarding barriers, workplace experiences, support mechanisms, and perceptions of evidence-based care.

The study's findings reflected the interconnected nature of the three PARIHS components. Participants' experiences demonstrated that the successful implementation of EBP among ophthalmology nurses was influenced not only by the availability of evidence but also by organizational context and facilitation processes within clinical settings. Barriers such as inadequate training, insufficient resources, and workload pressures hindered the utilization of evidence. At the same time, mentorship, teamwork, leadership support, and clinical guidelines strengthened nurses' ability to apply evidence-informed care.

By utilizing the PARIHS framework, the study moved beyond a purely descriptive discussion of EBP implementation. It provided a deeper understanding of how professional, organizational, and systemic factors collectively shape ophthalmology nursing practice. The framework also guided the development of evidence-informed recommendations to strengthen specialty training, improve institutional support systems, enhance access to evidence-based resources, and promote sustainable EBP implementation in ophthalmology nursing.

Conceptual Framework

This study is guided by a conceptual framework that illustrates the lived experiences of ophthalmology nurses regarding the barriers to implementing Evidence-Based Practice (EBP) in clinical settings.

The framework demonstrates how professional and organizational conditions shape nurses' ability to apply evidence-informed interventions within specialized ophthalmology practice. It further explains how these experiences influence clinical decision-making, patient care, and the overall quality of ophthalmic nursing services.

The framework begins with the participants, specifically ophthalmology nurses working in clinical settings who have direct experience in implementing Evidence-Based Practice during patient care. These participants served as the primary source of data regarding the realities, challenges, and support systems affecting EBP implementation in ophthalmology nursing practice.

To explore these lived experiences, the study employed a descriptive phenomenological approach based on Colaizzi's method of analysis. Data were gathered through semi-structured interviews, which allowed participants to openly describe their experiences, perceptions, and challenges related to EBP implementation. The interview process focused on participants' experiences with evidence utilization, specialty-specific preparation, organizational support, workload conditions, clinical decision-making, and patient care practices within ophthalmology settings.

The collected narratives underwent Colaizzi's descriptive phenomenological analysis, which involved the systematic extraction of significant statements, the formulation of meanings, the clustering of themes, and the synthesis of participants' experiences into thematic descriptions. Through this analytic process, the study identified recurring patterns and shared meanings that reflected the realities of EBP implementation among ophthalmology nurses.

The framework identifies several barriers to EBP implementation, including insufficient specialty-specific training, limited access to up-to-date research resources, heavy workloads, inadequate organizational support, and reduced confidence in using evidence. These barriers affect nurses' ability to consistently apply evidence-based interventions, particularly in ophthalmology settings where patient care requires precision, timely intervention, and adherence to updated clinical standards.

Despite these challenges, participants described how available workplace support systems helped them continue delivering patient care. These support

mechanisms included leadership guidance, teamwork, mentorship from senior staff, continuing professional development opportunities, and access to clinical guidelines and institutional protocols. Such support systems strengthened nurses' clinical competencies, increased their confidence, and helped them apply evidence-informed interventions within the constraints of their work environments.

Using Colaizzi's descriptive phenomenological analysis, the study generated four major themes that reflected the shared lived experiences of the participants: (1) Structural and Professional Barriers to Evidence-Based Practice, (2) Organizational and Collaborative Support Systems in EBP Implementation, (3) Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care, and (4) Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care. These themes collectively describe how ophthalmology nurses experience, interpret, and apply EBP in specialized clinical practice.

The framework further illustrates that participants' experiences with barriers and workplace support systems directly influence how evidence is interpreted, adapted, and integrated into daily nursing care. Consequently, these experiences affect workflow efficiency, patient safety, quality of care, clinical decision-making, and healthcare outcomes in ophthalmology settings.

The study's outcomes emphasize the importance of strengthening specialty-focused training, improving access to evidence-based resources, enhancing organizational support, and promoting mentorship and continuing professional development among ophthalmology nurses. The findings also support the development of evidence-informed institutional policies and educational initiatives to improve the integration of EBP into specialized nursing practice.
Through this conceptual framework, the study demonstrates the interconnectedness among participants' lived experiences, data collection via semi-structured interviews, Colaizzi's descriptive phenomenological analysis, theme generation, clinical outcomes, and evidence-informed recommendations. The framework, therefore, provides a comprehensive representation of how barriers and support systems collectively shape the implementation of Evidence-Based Practice in ophthalmology nursing.

This is summarized in the illustration below.

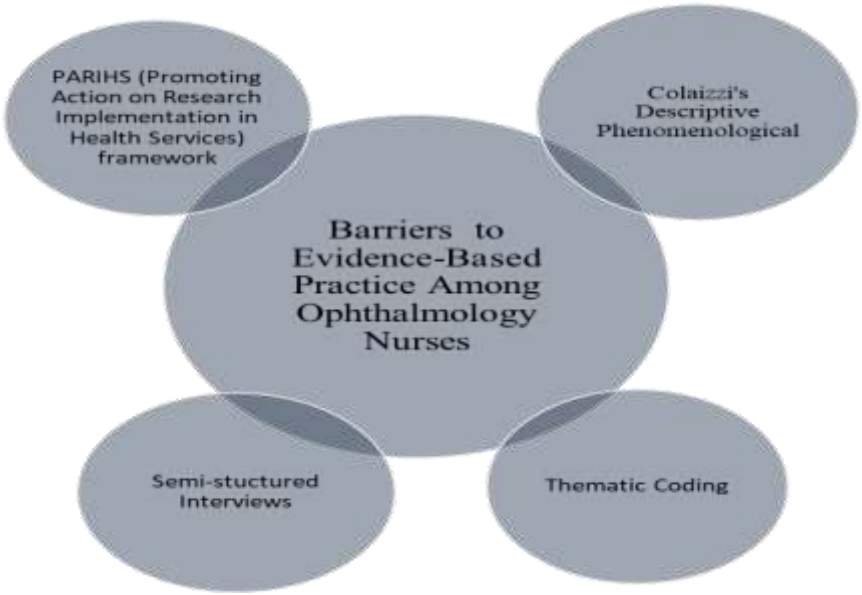

Figure 1. Paradigm of the study

Statement of the Problem

Evidence-based practice (EBP) is a core element of providing high-quality, safe, and patient-focused nursing care. It combines the best current research, clinical skills, and patient preferences to guide clinical decisions (Creswell & Poth, 2018; Cruz et al., 2022). However, despite its recognized importance, the regular use of EBP in specialized areas such as ophthalmology nursing remains limited.

Ophthalmology nurses play a critical role in providing specialized care that requires precision, timeliness, and adherence to current clinical standards. However, multiple individual and organizational factors influence their ability to integrate evidence into daily practice effectively. These factors may either hinder or support the use of EBP, thereby affecting clinical decision-making and patient outcomes (Shayan et al., 2022; Alatawi et al., 2023).

Considering these challenges, it is important to investigate how ophthalmology nurses perceive and interpret the application of evidence-based practice in their clinical environments. Gaining insight into their lived experiences offers a more nuanced understanding of the complexities of implementing EBP, especially in specialized nursing areas where evidence-based practice is essential.

This study aims to explore and understand ophthalmology nurses' lived experiences of the barriers and facilitators that influence the execution of evidence-based practice in clinical settings.

Specifically, this study seeks to answer the following questions:

1. What barriers do ophthalmology nurses experience in implementing evidence-based practice in their clinical practice?
2. How do facilitators support the use of evidence-based practice among ophthalmology nurses?
3. How do these barriers that facilitators influence affect their clinical decision-making and patient care practices?
4. What do ophthalmology nurses attribute to the use of evidence-based practice in their daily work?
5. Based on the findings of the study, what intervention program may be proposed to strengthen the implementation of EBP in ophthalmology nursing?

Research Qualitative Capstones

This study employed a descriptive-phenomenological approach, using Colaizzi's method of analysis, to explore the lived experiences of ophthalmology nurses regarding the barriers to implementing Evidence-Based Practice (EBP) in clinical settings. Descriptive phenomenology was considered appropriate because the study aimed to understand how ophthalmology nurses perceive, interpret, and apply evidence within the realities of specialized ophthalmology care. The approach allowed the researcher to capture the meanings participants attached to their experiences while preserving the depth and authenticity of their narratives.

Descriptive phenomenology, originally rooted in the philosophical works of Edmund Husserl, focuses on describing the essence of lived experiences as perceived by individuals who directly encounter a particular phenomenon. In this study, the phenomenon centered on the implementation of Evidence-Based Practice within ophthalmology nursing. The approach was appropriate because the study did not seek to generate theory or explain social interactions, but rather to understand and describe the common experiences of ophthalmology nurses regarding barriers, workplace conditions, support systems, and the utilization of evidence in clinical practice.

The study utilized semi-structured interviews to gather detailed descriptions of participants' experiences. Semi-structured interviews were selected because they offered participants the flexibility to openly express their perspectives while allowing the researcher to explore significant issues related to EBP implementation in ophthalmology nursing. Through open-ended questions and follow-up probing, participants were encouraged to describe their experiences with specialty-specific training,

organizational support, workload conditions, mentorship, resource accessibility, clinical decision-making, and patient care practices.

To preserve the rigor and philosophical integrity of descriptive phenomenology, the study applied the principle of bracketing (epoche) throughout the research process. Bracketing refers to the intentional suspension of the researcher's personal assumptions, prior knowledge, beliefs, and experiences regarding the phenomenon under investigation. Because the researcher may possess preexisting understanding or professional exposure related to Evidence-Based Practice and nursing care, bracketing was necessary to minimize bias and ensure that the findings emerged primarily from the participants' lived experiences rather than the researcher's interpretations.

The epoche process was maintained through reflective journaling, conscious self-awareness, and continuous reflection before, during, and after data collection and analysis. The researcher documented personal insights, assumptions, and reactions throughout the study to prevent these perspectives from influencing participant responses and thematic interpretation. This process helped preserve openness and neutrality while exploring participants' experiences.

The study also incorporated reflexivity, which involved continuous critical reflection on the researcher's role, influence, and interaction throughout the research process. Reflexivity was important in recognizing how the researcher's educational background, professional experiences, values, and perspectives could shape data interpretation and participant interaction. By engaging in reflexive practice, the researcher remained aware of potential biases and maintained sensitivity to participants' narratives during interviews and analysis.

Closely related to reflexivity is researcher positionality, which acknowledges that the researcher's identity, experiences, and relationship to the research topic may influence the study process. In this study, the researcher recognized personal interest in Evidence-Based Practice and specialized nursing care while consciously maintaining objectivity throughout data collection and analysis. Acknowledging positionality strengthened the study's credibility and transparency by demonstrating awareness of how the researcher's perspectives may affect the interpretation of the phenomenon.

Another important process used in the study was phenomenological reduction, which involves returning to participants' original descriptions to identify the essential meanings of their experiences. Through phenomenological reduction, the researcher carefully examined participants' narratives, extracted significant statements, formulated meanings, and clustered related ideas to reveal the phenomenon's essence. This process enabled the study to move beyond surface-level descriptions and to identify the shared realities ophthalmology nurses experience regarding EBP implementation.

The study employed Colaizzi's descriptive phenomenological method to analyze the data systematically. This approach was chosen because it offers a rigorous, structured, and transparent process for examining lived experiences while maintaining participants' original meanings and narratives. It involves multiple steps: familiarizing with transcripts, extracting significant statements, formulating meanings, clustering themes, creating comprehensive descriptions, and validating results through participant feedback.

Colaizzi's method was considered more appropriate for this study than other phenomenological approaches because of its strong emphasis on preserving participants' voices and on validating findings through member checking. Unlike interpretive phenomenological approaches such as Heideggerian phenomenology, which focus heavily on interpretation and the researcher's involvement, Colaizzi's descriptive method remains closer to participants' actual narratives and experiences. This aligned with the study's purpose, which aimed to describe, rather than interpret or theorize, ophthalmology nurses' experiences with EBP implementation.

Additionally, Colaizzi's method was preferred over other descriptive phenomenological approaches due to its clear, systematic analytic structure. The step-by-step process strengthened methodological rigor, transparency, and credibility throughout data analysis. The inclusion of participant validation also enhanced trustworthiness by ensuring that the formulated themes accurately reflected participants' lived experiences.

Using Colaizzi's method, the study generated thematic descriptions that captured the shared realities of ophthalmology nurses regarding barriers, workplace support systems, clinical decision-making, and perceptions of Evidence-Based Practice. The analytic process ultimately yielded four major themes: Structural and Professional Barriers to Evidence-Based Practice; Organizational and Collaborative Support Systems for EBP Implementation; Influence of EBP on Clinical Decision-Making and Patient Care; and EBP as a Foundation for Safe Ophthalmic Nursing Care.

Through the application of descriptive phenomenology, bracketing, reflexivity, phenomenological reduction, and Colaizzi's method of analysis, the study ensured a rigorous and credible exploration of ophthalmology nurses' lived experiences. The findings provide valuable insights into the professional, organizational, and systemic factors influencing the implementation of Evidence-Based Practice in specialized nursing care. They may support the development of educational programs, institutional support systems, and evidence-informed strategies that strengthen ophthalmology nursing practice.

II. METHODOLOGY

This chapter provides a comprehensive explanation of the methodology employed to ensure the research process is systematic and effective. It outlines the procedures implemented to facilitate a logical and coherent progression of the research. The methods for collecting the data and information required to address the research objectives and questions are described. Additionally, the chapter details the processes for presenting and analyzing the collected data.

Research Design and Strategy

This study employs a qualitative descriptive-phenomenological design to explore ophthalmology nurses' lived experiences regarding the barriers and facilitators to evidence-based practice (EBP). Phenomenology is appropriate for this study as it seeks to understand the essence of participants' experiences without imposing preconceived assumptions (Creswell & Poth, 2018).

The study is guided by the Promoting Action on Research Implementation in Health Services (PARIHS) framework, which serves as the theoretical lens for interpreting how evidence, context, and facilitation influence EBP implementation in clinical settings (Rycroft-Malone et al., 2021). The framework does not replace the methodological approach but supports the interpretation of findings within organizational and clinical contexts.

Data analysis will be conducted using Colaizzi's seven-step phenomenological method, which includes familiarization with the data, extraction of significant statements, formulation of meanings, clustering of themes, development of an exhaustive description, identification of the fundamental structure, and validation through member checking.

This approach ensures that findings remain grounded in participants' lived experiences while maintaining methodological rigor and credibility.

Research Methodology

This study employed a qualitative descriptive-phenomenological approach, using Colaizzi's method of analysis, to explore the lived experiences of ophthalmology nurses regarding the barriers and support systems influencing the implementation of Evidence-Based Practice (EBP) in clinical settings. The descriptive phenomenological approach was considered appropriate because the study aimed to understand how ophthalmology nurses perceived, interpreted, and experienced EBP within the realities of specialized ophthalmology nursing practice. This approach allowed the researcher to obtain rich,

detailed descriptions of participants' experiences while preserving the meanings they attached to the phenomenon under study (Creswell & Poth, 2018; Norlyk et al., 2023).

The study specifically explored the barriers affecting EBP implementation, the workplace support systems that assist nurses in applying evidence-based care, the influence of EBP on clinical decision-making and patient care, and the meanings ophthalmology nurses associate with EBP in their daily practice. These focus areas are directly aligned with the Statement of the Problem and guided the development of the interview questionnaire and data collection procedures.

To maintain the philosophical rigor of descriptive phenomenology, the researcher applied the principle of bracketing (Epoché) throughout the research process, consciously setting aside personal assumptions, prior experiences, beliefs, and knowledge related to Evidence-Based Practice and ophthalmology nursing to minimize bias and allow participants' experiences to emerge naturally. The researcher also practiced reflexivity through reflective journaling and continuous self-awareness to recognize potential influences during data collection and analysis.

Data were gathered through semi-structured, in-depth interviews, which enabled participants to openly describe their experiences, perceptions, and challenges regarding Evidence-Based Practice in ophthalmology nursing. Semi-structured interviews were selected because they allowed flexibility during the conversation while ensuring the discussion remained aligned with the study's objectives. The interview guide focused on participants' experiences regarding specialty-specific training, organizational support, workload conditions, mentorship, evidence utilization, clinical decision-making, patient safety, and perceptions of EBP within specialized ophthalmology care.

To ensure accurate and complete documentation of participants' narratives, all interviews were audio-recorded with participants' informed consent and transcribed verbatim. Field notes were also utilized to document nonverbal behaviors, contextual observations, emotional responses, and reflective insights observed during the interview process. These procedures strengthened the richness, credibility, and contextual understanding of the collected data (Shayan et al., 2022).

The collected narratives were analyzed using Colaizzi's seven-step descriptive phenomenological method, a systematic and rigorous analytic process commonly used in qualitative nursing research. Colaizzi's method was selected because it emphasizes preserving participants' original meanings while providing a clear, organized framework for analyzing lived experiences. The analysis involved repeated readings of interview transcripts, extraction of significant statements, formulation of meanings, clustering of themes, development of exhaustive descriptions, identification of the phenomenon's fundamental structure, and validation of findings through member checking.

The use of Colaizzi's method strengthened the study's credibility, rigor, and trustworthiness by ensuring that the findings remained grounded in participants' authentic experiences. Through this analytic process, the study generated thematic descriptions that reflected the realities encountered by ophthalmology nurses regarding barriers to EBP implementation, workplace support systems, the influence of EBP on patient care, and the meanings associated with evidence-based nursing practice.

Through this methodological approach, the study developed a deeper understanding of the professional, organizational, and systemic components influencing the implementation of Evidence-Based Practice in specialized ophthalmology nursing care.

Population and Locale of the Study

This study was conducted in selected public and private hospitals and ophthalmology clinics in Urdaneta City, Pangasinan, and nearby areas. These healthcare institutions were selected because they provide specialized ophthalmology services, including perioperative nursing care, ophthalmic procedures, patient education, postoperative monitoring, and other specialized clinical

responsibilities. Including participants from both public and private healthcare settings allowed the study to capture a wider range of clinical experiences, workplace conditions, and organizational practices related to the implementation of Evidence-Based Practice (EBP) in ophthalmology nursing.

The study population consisted of ophthalmology nurses currently engaged in ophthalmology-related clinical practice within the selected healthcare institutions. Participants were selected through purposive sampling, a qualitative phenomenological research technique that identifies individuals with direct experience and substantial knowledge of the phenomenon being explored. This approach ensured that participants could provide meaningful, experience-based insights into the barriers and support systems influencing EBP implementation in specialized ophthalmology settings.

To be included in the study, participants were required to be actively assigned in ophthalmology nursing practice, have at least one year of clinical experience in ophthalmology care, and voluntarily agree to participate in the research. These inclusion criteria ensured that participants had sufficient exposure to specialized ophthalmology nursing responsibilities and could describe their experiences with Evidence-Based Practice in clinical settings.

The study included ten (10) ophthalmology nurses. In descriptive phenomenological research, the emphasis is placed on obtaining rich, detailed, and in-depth descriptions of lived experiences rather than achieving large sample sizes. The final number of participants was determined by data saturation, the point at which no new ideas, patterns, or significant insights emerged from participants' narratives. Recent qualitative research literature supports the appropriateness of smaller sample sizes in phenomenological studies when sufficient depth and richness of data have been achieved (Saunders et al., 2024).

The participants represented diverse demographic and professional backgrounds, which contributed to a broader understanding of EBP implementation in ophthalmology nursing practice. Participants ranged from early adulthood to late adulthood and included both male and female ophthalmology nurses with varying levels of clinical and specialty experience. Their years of experience in nursing and ophthalmology practice ranged from newly assigned specialty nurses to those with several decades of clinical experience. These variations in professional background, years of practice, and clinical exposure enriched the study by providing diverse perspectives regarding barriers to Evidence-Based Practice, workplace support systems, clinical decision-making, patient care, and evidence utilization in specialized ophthalmology settings.

The inclusion of participants with varying lengths of professional experience also enabled the study to examine how EBP implementation may vary with nurses' clinical exposure, familiarity with ophthalmological procedures, access to organizational support, and confidence in applying evidence-informed interventions. This diversity deepened and strengthened the credibility of the findings by reflecting a range of lived experiences within ophthalmology nursing practice.

Data Gathering Tool

Data were collected through semi-structured, in-depth interviews, allowing participants to openly share detailed accounts of their experiences related to Evidence-Based Practice (EBP) in ophthalmology nursing. The interview guide was developed based on the study objectives and the PARIHS framework, focusing on barriers influencing EBP implementation, workplace support systems, organizational context, clinical experiences, and factors affecting evidence utilization in specialized ophthalmology practice (Rycroft-Malone et al., 2021; Norlyk et al., 2023).

Individual interviews were conducted in a private, comfortable setting to ensure confidentiality and encourage participants to share their experiences freely. Each interview lasted approximately 30 to 60 minutes. With participants' informed consent, all interviews were audio-recorded to ensure accurate and complete documentation of participants' narratives.

Probing questions were used to clarify responses, explore significant experiences in greater depth, and encourage reflective discussion about the implementation of Evidence-Based Practice. Field notes were also recorded throughout the interview process to capture nonverbal cues, emotional responses, participant behaviors, and contextual observations, thereby enriching data interpretation and analysis.

Data Gathering Procedure

Prior to data collection, ethical clearance will be obtained from the Urdaneta City University Research Ethics Review Committee. Permission to conduct the study will also be secured from administrators of participating hospitals and ophthalmology clinics.

Eligible participants will be identified according to the inclusion criteria and approached in a respectful, non-coercive manner. The purpose of the study, procedures, and participants' rights will be clearly explained before obtaining informed consent.

Data will be collected through one-on-one semi-structured interviews conducted in a private and comfortable setting. Each interview will last approximately 30 to 45 minutes and will be audio-recorded with the participant's consent.

The researcher will use open-ended and probing questions to facilitate in-depth discussions. Field notes will be taken to document non-verbal cues and contextual information relevant to the study.

All interviews will be transcribed verbatim. Data collection will continue until data saturation is achieved, ensuring that no new themes emerge from subsequent interviews.

Treatment of Data

The collected data were analyzed using Colaizzi's seven-step descriptive phenomenological method, a rigorous, systematic qualitative approach widely used in nursing and healthcare research to examine and interpret lived experiences. This method was considered appropriate for the study because it enabled an in-depth exploration of ophthalmology nurses' experiences of the barriers and support systems that influence the execution of Evidence-Based Practice (EBP) in clinical settings, while preserving the authenticity of participants' narratives (Norlyk et al., 2023).

The analysis began with repeated, careful reading of the verbatim interview transcripts to achieve immersion in the data and deepen understanding of the participants' experiences. This process enabled the researcher to become familiar with the emotions, meanings, and perspectives embedded within the participants' narratives. During this stage, the researcher also practiced reflexivity and maintained bracketing (epoche) to minimize personal assumptions and ensure that interpretations remained rooted in the participants' actual experiences.

After familiarization with the transcripts, significant statements directly related to the study objectives and Statement of the Problem were identified and extracted from the participants' narratives. These statements focused on experiences related to barriers to EBP implementation, workplace support systems, clinical decision-making, patient care, and participants' understanding and application of Evidence-Based Practice in ophthalmology nursing.

The extracted significant statements were carefully examined to formulate meanings that remained faithful to the context in which participants described their experiences. This stage involved interpreting the underlying meanings embedded in the narratives without altering the essence of participants' responses. The formulated meanings were subsequently grouped by similarity and organized into thematic clusters that represented common patterns and shared experiences among participants.

Through continuous comparison and reflection, broader themes emerged to capture the core dimensions of ophthalmology nurses' lived experiences regarding the implementation of Evidence-Based Practice. The thematic analysis identified four major themes: Structural and Professional Barriers to Evidence-Based Practice; Organizational and Collaborative Support Systems for EBP Implementation; Influence of EBP on Clinical Decision-Making and Patient Care; and EBP as a Foundation for Safe Ophthalmic Nursing Care.

These themes reflected the interconnected professional, organizational, and clinical factors that influence the utilization of evidence in specialized ophthalmology nursing practice.

Following theme generation, an exhaustive description of the phenomenon was developed to provide a rich and comprehensive account of participants' experiences with EBP implementation in ophthalmology settings. This description integrated all thematic findings into a coherent narrative that reflected the realities encountered by ophthalmology nurses in clinical practice. From this exhaustive description, the fundamental structure of the phenomenon was identified to capture the essence of the participants' lived experiences.

To strengthen the credibility and accuracy of the findings, member checking was conducted by returning the interpreted themes and descriptions to selected participants for validation and confirmation. Participants were allowed to verify whether the findings accurately reflected their experiences and intended meanings. This process enhanced the study's trustworthiness and ensured that the interpretations remained faithful to the participants' perspectives.
The use of Colaizzi's descriptive phenomenological method strengthened the study's rigor, credibility, dependability, and confirmability by ensuring that data analysis remained systematic, reflective, and grounded in the authentic lived experiences of ophthalmology nurses. Through this analytical process, the study developed a deeper understanding of the barriers, workplace conditions, support systems, and professional realities influencing the implementation of Evidence-Based Practice in specialized ophthalmology nursing care.

Trustworthiness of the Study
To ensure the rigor and trustworthiness of the study, the criteria of credibility, dependability, confirmability, and transferability proposed by Lincoln and Guba were applied.

Credibility was established through prolonged engagement with participants, member checking, and verbatim transcription of interviews. Participants were allowed to validate the accuracy of the interpretations to ensure the themes reflected their actual experiences.

Dependability was maintained through consistent implementation of the interview procedures and systematic documentation of the research process. An audit trail consisting of interview recordings, transcripts, coding procedures, and thematic analysis was maintained throughout the study.

Confirmability was ensured through reflective journaling and careful documentation of analytic decisions, thereby minimizing researcher bias and maintaining objectivity during data interpretation.
Transferability was strengthened by providing detailed descriptions of the research setting, participant characteristics, and study routines, enabling readers to assess the suitability of the findings to similar clinical contexts.

III. RESULTS AND DISCUSSIONS

This chapter presents the findings and analysis of data gathered from ophthalmology nurses regarding their lived experiences with Evidence-Based Practice (EBP) in clinical settings. Using Colaizzi's descriptive phenomenological method, the participants' narratives were carefully analyzed to identify recurring meanings, shared experiences, and significant patterns related to the implementation of EBP in ophthalmology nursing practice. The analysis generated four major themes: Structural and Professional Barriers to Evidence-Based Practice; Organizational and Collaborative Support Systems for EBP Implementation; Influence of EBP on Clinical Decision-Making and Patient Care; and EBP as a Foundation for Safe Ophthalmic Nursing Care.

These themes are discussed in relation to the Statement of the Problem, which focused on identifying the barriers influencing EBP implementation, examining the workplace support systems that assist nurses in applying evidence-based care, exploring the influence of EBP on clinical decision-making and patient care, and understanding how ophthalmology nurses perceive and interpret EBP within their daily professional practice. The inclusion of verbatim responses grounded the

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findings in participants' authentic lived experiences, thereby strengthening the credibility, richness, and trustworthiness of the analysis (Norlyk et al., 2023).

Themes, Codes, and Responses

Table 1.1: Barriers to EBP Implementation

Theme	Codes	Response Numbers
1. Structural and Professional Barriers to Evidence-Based Practice	Lack of specialty training General training only Inadequate educational preparation Limited ophthalmology knowledge Confusion with new procedures Learning through experience Limited resources	1,3,4,6,7,8,9,10

Table 1.2: Facilitators of EBP Implementation

2. Organizational and Collaborative Support Systems for EBP Implementation	Management support Guidance from supervisors Senior staff mentorship Teamwork Peer collaboration Shared responsibilities Standard protocols Hospital guidelines ISO-based procedures	1,2,3,5,9,10

Table 1.3 Influence on Clinical Practice and Patient Care

3. Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care;	Faster workflow Organized tasks Improved efficiency Smooth patient flow Reduced delays Better quality care Accurate results Reliable outcomes Increased confidence Reduced hesitation	3,6,8,9,10

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Table 1.4 Meaning of Evidence-Based Practice in Daily Work

4. Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care	Practice guidelines Standard nursing care Learned in school Foundation of practice Applied in daily tasks Used in assessments Supports decisions	1,3,6,7

TABLE 2: RESPONDENTS' ANSWERS WITH VERBATIM QUOTES

(Use participant labels such as P1, P2… P10 to maintain confidentiality.)

PART 1: UNDERSTANDING OF EBP

Interview Question	Verbatim Quotes	Codes	Theme Alignment
How do you understand EBP?	"Para sa akin, ang evidence-based practice ay isang guide sa pag-apply ng quality services sa patient." (P1)	Guide, quality care	Theme 4
	"Standard protocol na finafollow namin as nurses." (P8)	Protocol-based care	Theme 4
	"Based sa experience at natutunan sa school." (P4)	Experience + education	Theme 4
Where did you learn EBP?	"Sa college po namin natutunan." (P2)	Academic foundation	Theme 4
	"Sa internship at training." (P9)	Clinical exposure	Theme 4
How important is EBP?	"Importante siya para maibigay ang best quality service." (P1)	Quality, safety	Theme 4
	"Para hindi ka magkakamali lalo na sa pasyente." (P10)	Error prevention	Theme 4

PART 2: APPLICATION OF EBP

Interview Question	Verbatim Quotes	Codes	Theme Alignment
Meaning of EBP in practice	"Para siyang guidelines to properly provide care." (P6)	Guidelines	Theme 4
	"By the book lahat ng ginagawa namin." (P3)	Standardized care	Theme 4
Situation where EBP influenced decisions	"Sa OR, lahat ng procedure dapat sterile—evidence-based lahat." (P2)	Sterility, compliance	Theme 3
	"Hindi ko ina-allow mag-skip ng step para maiwasan complications." (P9)	Safety adherence	Theme 3
Daily application	"Sa assessment, diagnostics, at registration ginagamit siya araw-araw." (P6)	Routine integration	Theme 3
	"Lahat ng ginagawa namin, EBP na siya." (P8)	Embedded practice	Theme 3

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PART 3: FACILITATORS

Interview Question	Verbatim Quotes	Codes	Theme Alignment
What makes EBP easier?	"Guidelines at training programs." (P1)	Training, protocols	Theme 2
	"Kapag cooperative ang patient, mas madali." (P4)	Patient cooperation	Theme 2
Support systems	"Full support from management." (P6)	Leadership support	Theme 2
	"Kailangan mo ng kasama—teamwork." (P7)	Team collaboration	Theme 2
Available resources	"Internet lang at manuals ang ginagamit namin." (P7)	Limited resources	Theme 2
	"May guidelines pero limited." (P8)	Insufficient materials	Theme 2

PART 4: BARRIERS

Interview Question	Verbatim Quotes	Codes	Theme Alignment
Challenges encountered	"Kulang sa training at hindi specific sa ophthalmology." (P6)	Training gap	Theme 1
	"Limited resources at training." (P8)	Resource limitation	Theme 1
	"Learn along the way lang." (P7)	Experiential learning	Theme 1
Effect on care	"Hindi mo maibigay ang best quality service." (P1)	Reduced quality	Theme 1
	"Nagkakagulo ang workflow kapag maraming patients." (P7)	Workflow disruption	Theme 1
	"Hindi kami confident sa ginagawa namin." (P7)	Low confidence	Theme 1
Coping strategies	"Nagtatanong sa senior staff." (P3)	Seeking support	Theme 2
	"Teamwork at tulungan." (P9)	Collaboration	Theme 2

PART 5: EFFECT ON DECISION-MAKING & CARE

Interview Question	Verbatim Quotes	Codes	Theme Alignment
Influence on decisions	"Nababawasan ang confidence kapag may barriers." (P1)	Confidence impact	Theme 3
	"Stick pa rin sa standard kahit may limitations." (P2)	Standard adherence	Theme 3
Effect on patient care	"Mas mabilis at organized ang workflow kapag may EBP." (P7)	Efficiency	Theme 3
	"Outcomes achieved pero minsan mabagal ang process." (P8)	Adaptation	Theme 3

Including verbatim responses strengthens the study's credibility by presenting participants' perspectives directly, ensuring that the themes are grounded in real experiences rather than the researcher's assumptions. These statements reveal recurring patterns across participants, supporting the validity of the thematic analysis.

Theme 1: Structural and Professional Barriers to Evidence-Based Practice

Structural and Professional Barriers to Evidence-Based Practice emerged as the most dominant theme in the study. This theme reflects the various professional, educational, and organizational challenges ophthalmology nurses face when implementing Evidence-Based Practice (EBP) in clinical settings. Participants described several interconnected barriers, including insufficient specialty-specific training, limited knowledge and research exposure, restricted access to evidence-based resources, workload pressures, workflow inefficiencies, and reduced professional confidence. These findings suggest that barriers to EBP implementation extend beyond individual capability and are strongly influenced by institutional and systemic conditions within healthcare environments. Similar barriers have consistently been identified in the nursing literature as major factors that limit the integration of evidence-based care into clinical practice (Shayan et al., 2022; Alatawi et al., 2023).

One of the most significant barriers identified by participants was the lack of specialty-focused preparation in ophthalmology nursing. Participants explained that although they had received general nursing education, they were not adequately prepared for the technical and specialized demands of ophthalmic care. This was reflected in the statement, "kulang sa training at hindi specific sa ophthalmology" (P6). The findings reveal a gap

between foundational nursing education and the specialized competencies required in ophthalmology settings. In clinical areas where patient care involves delicate procedures, rapid assessment, and technical precision, inadequate specialty preparation may undermine nurses' confidence and their ability to apply evidence-based interventions consistently.

The findings imply that ophthalmology nurses are often required to adapt to specialized clinical responsibilities despite limited formal preparation. As a result, nurses frequently rely on self-directed learning and workplace experience to perform complex procedures. Although experiential learning contributes to clinical growth, dependence on informal adaptation alone may lead to inconsistencies in patient care and reduced confidence during decision-making. Existing studies support this finding, emphasizing that insufficient specialty training remains a major barrier to EBP implementation, particularly in highly specialized nursing fields that require up-to-date competencies and precision-based care (Shayan et al., 2022). Melnyk and Fineout-Overholt (2023) further explained that nurses with limited EBP preparation often struggle to translate research evidence into practical interventions, thereby weakening the utilization of evidence in healthcare settings.

Closely related to inadequate training is limited knowledge and research exposure. Participants described feelings of uncertainty when performing unfamiliar procedures and frequently relied on on-the-job learning to manage clinical responsibilities. One participant shared, "learn along the way lang" (P7), highlighting the absence of structured learning opportunities within the workplace. Although experiential learning remains valuable for strengthening practical competence, relying on informal learning alone may not provide the scientific foundation necessary for consistent, evidence-based nursing practice.

This finding suggests that insufficient educational support may contribute to variability in nursing interventions and clinical decision-making. Nurses who primarily rely on experiential learning may struggle to critically appraise research evidence, interpret updated guidelines, or independently apply current evidence in patient care. Cruz et al. (2022) emphasized that limited research literacy and inadequate EBP knowledge significantly affect nurses' readiness to implement evidence-based interventions. In ophthalmology nursing, where patient safety and technical accuracy are essential, these knowledge limitations may increase the risk of inconsistencies in care delivery and procedural errors. Another major barrier identified in the study was limited access to evidence-based resources and updated clinical references. Participants reported relying primarily on manuals, internet searches, and peer guidance due to inadequate access to ophthalmology-specific resources within their

institutions. This concern was reflected in the statement, "internet lang at manuals ang ginagamit namin" (P7). The findings indicate that organizational limitations in resource access directly affect nurses' ability to engage in evidence-informed clinical decision-making.

The inability to access updated journals, research databases, and specialty-specific guidelines may hinder nurses' capacity to independently evaluate current evidence and implement best practices in patient care. This concern becomes even more significant in specialized healthcare settings, where clinical technologies, treatment protocols, and ophthalmic procedures continually evolve. Previous studies have consistently identified restricted access to research resources as a major organizational barrier affecting EBP implementation (Alatawi et al., 2023). Similarly, Li et al. (2024) emphasized that healthcare institutions with limited access to research often exhibit lower levels of evidence utilization among nurses.

The findings also revealed that workload pressures and workflow inefficiencies significantly affect the implementation of EBP in ophthalmology nursing practice. Participants described how high patient volume and demanding clinical responsibilities disrupted organized care processes and limited opportunities for evidence-based reflection. One participant explained, "nagkakagulo ang workflow kapag maraming patients" (P7), illustrating how the fast-paced nature of ophthalmology settings often creates time constraints that interfere with the delivery of evidence-informed care.

This finding suggests that excessive workload may limit opportunities for reflective clinical practice, adherence to standardized procedures, and the proper application of evidence-based interventions. In ophthalmology nursing, where patient care frequently requires precision, timeliness, and close monitoring, heavy workloads may compromise both efficiency and the quality of care. The existing literature supports these findings, emphasizing that staffing shortages, time constraints, and excessive workload negatively affect nurses' engagement in EBP activities (Cruz et al., 2022; Shayan et al., 2022). The World Health Organization (2024) also emphasized that inadequate staffing and excessive workload contribute to healthcare inefficiencies, reduced patient safety, and increased risk of preventable clinical errors.

Another important implication of these barriers is reduced professional confidence among ophthalmology nurses. Participants expressed feelings of hesitation and uncertainty when performing procedures or making independent clinical decisions, as reflected in the statement, "hindi kami confident sa ginagawa namin" (P7). This finding highlights the psychological impact of inadequate preparation, limited organizational support, and restricted access to evidence-based resources.

The findings suggest that confidence in implementing EBP is not solely dependent on individual competence but is also influenced by institutional support systems, mentorship opportunities, and professional development experiences. Nurses who lack confidence may become overly dependent on colleagues or avoid independent clinical decision-making, thereby affecting continuity of care and professional autonomy. Manojlovich et al. (2020) emphasized that professional confidence and empowerment are essential factors influencing nurses' willingness to engage in evidence-based practice.

Taken together, these findings demonstrate that the barriers influencing EBP implementation among ophthalmology nurses are multidimensional and interconnected. The participants' experiences reveal how educational preparation, organizational resources, workload conditions, and professional confidence collectively shape evidence utilization within specialized ophthalmology nursing practice. These findings directly address the first Statement of the Problem and highlight the need for stronger institutional support, specialty-focused education, improved access to evidence-based resources, and sustainable professional development programs to strengthen the implementation of Evidence-Based Practice in ophthalmology nursing care.

Theme 2: Organizational and Collaborative Support Systems in EBP Implementation

Organizational and Collaborative Support Systems in EBP Implementation reflect the enabling conditions that help ophthalmology nurses apply Evidence-Based Practice (EBP) despite the barriers encountered in clinical settings. Although participants described limitations related to specialty-specific training, resource accessibility, workload, and professional confidence, they also identified several workplace support systems that strengthened their ability to deliver evidence-informed care. These support mechanisms included leadership support, teamwork, mentorship from senior staff, access to clinical guidelines, and opportunities for professional development. The findings demonstrate that EBP implementation is not solely dependent on individual knowledge or motivation but is significantly influenced by organizational culture and collaborative clinical environments. This theme directly addresses the second Statement of the Problem, which focused on identifying the factors that support the implementation of Evidence-Based Practice among ophthalmology nurses.

One of the most significant support systems identified by participants was leadership and management support. Participants acknowledged that encouragement and guidance from supervisors and administrators helped strengthen their confidence and adherence to evidence-based standards. This was reflected in the statement, "full support from management" (P6). The finding suggests that organizational leadership plays an important role in shaping nurses' engagement with EBP and promoting a workplace culture that values evidence-informed practice.

The findings imply that supportive leadership contributes to a more structured, conducive clinical environment in which nurses feel guided and encouraged to apply evidence-based interventions. Leadership support also appears to influence nurses' willingness to engage in continuous learning, comply with institutional standards, and pursue professional development. Existing literature supports this observation, emphasizing that nurse leaders and healthcare administrators are central to building an EBP culture by providing direction, resources, supervision, and opportunities for professional growth (Rycroft-Malone et al., 2021; Saunders et al., 2024).

In ophthalmology nursing settings, where procedures often require technical precision and rapid clinical judgment, strong leadership may help reduce uncertainty and strengthen consistency in patient care. The findings therefore suggest that healthcare institutions should move beyond verbal encouragement and actively establish supportive structures, such as continuing education programs, accessible clinical resources, protected learning time, and supervision that promote the use of evidence in practice.

Team collaboration also emerged as a significant support mechanism in EBP implementation. Participants emphasized the importance of working closely with colleagues, particularly when managing unfamiliar procedures and complex patient situations. This was reflected in the statement, "kailangan mo ng kasama—teamwork" (P7). The findings indicate that teamwork strengthens evidence-based care by creating opportunities for knowledge sharing, mutual support, collaborative problem-solving, and clarification of clinical procedures.

This finding highlights the importance of collaborative nursing environments in specialized ophthalmology settings, where patient care often requires coordinated and precise interventions. Through teamwork, nurses may feel more supported in making clinical decisions and managing technical responsibilities, especially when encountering unfamiliar situations. Cruz et al. (2022) emphasized that collaborative nursing practice improves patient safety, clinical efficiency, and evidence-based practice by fostering communication and shared learning among healthcare professionals.

In this study, teamwork served not only as emotional support but also as an informal learning mechanism, helping nurses compensate for limitations in specialty-specific training and research exposure. This finding implies that healthcare institutions should strengthen collaborative workplace systems

through team briefings, interdisciplinary communication, peer support activities, and shared clinical discussions that reinforce evidence-based care within ophthalmology units.

Mentorship from senior staff also emerged as an important facilitator of EBP implementation. Participants described seeking assistance and guidance from experienced colleagues when performing unfamiliar procedures or making clinical decisions. This was reflected in the statement, "nagtatanong sa senior staff" (P3). The finding suggests that mentorship helps bridge the gap between limited formal training and the specialized demands of ophthalmology nursing practice.

The findings imply that experienced nurses play a crucial role in supporting less experienced staff through practical guidance, clinical coaching, and the sharing of professional expertise. In highly specialized settings such as ophthalmology, mentorship is especially valuable because nurses frequently encounter procedures that require technical competence, precision, and up-to-date clinical knowledge. Manojlovich et al. (2020) explained that mentorship strengthens nurses' confidence, research awareness, and engagement in evidence-based care by fostering supportive learning environments.

In this study, mentorship appeared to partially compensate for gaps in specialty-specific education identified under Theme 1. However, the findings also suggest that mentorship within ophthalmology nursing often occurs informally rather than through structured institutional programs. This implies that healthcare institutions may benefit from developing formal mentorship systems that provide consistent support, strengthen clinical judgment, and promote sustainable EBP implementation among ophthalmology nurses.

Another important support system identified by participants was the availability of Another important support system identified by participants was the availability of clinical guidelines and institutional protocols. Participants viewed these protocols as practical tools that translated evidence into standardized, organized clinical actions. This was reflected in the statement, "standard protocol na finafollow namin" (P8). The findings indicate that clinical guidelines help nurses maintain consistency, accuracy, and safety in patient care, particularly in specialized ophthalmology procedures where adherence to standards is essential.

The findings suggest that institutional protocols serve as accessible evidence that guides nurses in delivering safe, evidence-informed care, even when direct access to research literature is limited. In ophthalmology nursing, standardized guidelines may support safer medication administration, infection prevention, perioperative care, postoperative monitoring, and patient education. Melnyk and Fineout-Overholt (2023) emphasized that translating research evidence into practical clinical guidelines strengthens the utilization of evidence and reduces variability in healthcare practice.

This finding also highlights the importance of regularly updating ophthalmology-specific protocols to reflect current evidence and evolving clinical standards. Institutions should therefore ensure that nurses not only have access to guidelines but are also adequately trained to apply them in clinical practice.

Although participants acknowledged that formal training opportunities remained limited, they recognized continuing education and professional development as important supports for EBP implementation. This suggests that ophthalmology nurses are willing to improve their competencies when learning opportunities are available. Continuing professional development activities such as workshops, case discussions, competency-based training, and evidence-based seminars may strengthen nurses' understanding and application of research evidence in patient care.

Research indicates that continuous professional development significantly improves nurses' readiness, confidence, and engagement in evidence-based nursing practice (Saunders et al., 2024). In ophthalmology settings, where technologies and treatment approaches continue to evolve, ongoing

education becomes necessary to maintain competency and ensure safe patient care.

Collectively, the findings under Theme 2 demonstrate that EBP implementation among ophthalmology nurses is strengthened by supportive organizational and collaborative systems within the workplace. Leadership support, teamwork, mentorship, clinical guidelines, and continuing professional development serve as practical mechanisms that help nurses overcome knowledge, confidence, and resource limitations. These findings emphasize that the successful implementation of Evidence-Based Practice cannot rely solely on individual effort. Instead, sustainable EBP integration requires healthcare institutions to foster workplace cultures that support learning, collaboration, evidence utilization, and professional growth. Strengthening these organizational and collaborative support systems may ultimately improve clinical decision-making, patient safety, workflow efficiency, and the overall quality of ophthalmology nursing care.

Theme 3: Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care

Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care reflects how Evidence-Based Practice (EBP) shapes workflow efficiency, clinical judgment, patient safety, and the overall quality of ophthalmology nursing care. Participants consistently described EBP as an essential component of organized and effective healthcare delivery. Despite the barriers identified in the previous themes, nurses still recognized the positive contribution of evidence-based interventions in improving patient management, strengthening nursing performance, and promoting safer clinical outcomes. This theme directly addresses the third Statement of the Problem, which explored how barriers and workplace support systems influence clinical decision-making and patient care among ophthalmology nurses.

One of the most prominent findings under this theme was the perceived improvement in workflow efficiency when evidence-based procedures were consistently followed. Participants explained that EBP contributes to more organized clinical processes and reduces unnecessary delays during patient care. This was reflected in the statement, "mas mabilis at organized ang workflow kapag may EBP" (P7). The finding suggests that standardized, evidence-informed procedures reduce uncertainty in clinical tasks, enabling nurses to perform their responsibilities more systematically and efficiently.

In ophthalmology settings, where patient care often involves fast-paced procedures, diagnostic preparation, medication administration, perioperative care, and close patient monitoring, organized workflow systems are essential in maintaining continuity and safety of care. The integration of EBP into routine nursing activities appears to provide structure and consistency in clinical practice, allowing nurses to manage patient care more effectively despite demanding healthcare environments.

This finding is supported by the existing literature, which demonstrates that EBP improves healthcare efficiency by promoting standardized clinical approaches and reducing unnecessary variations in care delivery (Cruz et al., 2022). Melnyk and Fineout-Overholt (2023) further explained that evidence-based interventions improve healthcare processes by guiding clinicians toward safer, more effective, and scientifically grounded decision-making. This finding implies that strengthening EBP integration within ophthalmology units may improve workflow coordination, reduce procedural inconsistencies, and enhance the efficiency of healthcare services.

Participants also emphasized that EBP contributes to more organized and consistent patient care. Nurses described evidence-based interventions not as separate academic responsibilities but as routine components of their daily clinical practice, including patient assessment, diagnostics, medication preparation, and postoperative monitoring. The findings indicate that EBP becomes more sustainable when integrated into everyday nursing activities rather than treated solely as a theoretical concept.

This suggests that nurses who regularly apply evidence-informed approaches may develop greater

familiarity, consistency, and confidence in clinical decision-making. As EBP becomes embedded within routine patient care, nursing interventions may become more standardized, thereby reducing variability in clinical practice and improving continuity of care. Previous studies support this observation, emphasizing that integrating EBP into routine nursing activities contributes to more consistent healthcare outcomes and improved patient management (Cruz et al., 2022).

Another important finding under this theme is the perceived role of EBP in strengthening patient safety and minimizing clinical risks. Participants highlighted the importance of accurately and consistently following evidence-based procedures to prevent complications and maintain safe patient care. One participant stated, "hindi ko ina-allow mag-skip ng step para maiwasan complications" (P9), demonstrating strong adherence to protocol-based practice and patient safety standards.

The findings suggest that ophthalmology nurses associate EBP with accountability, precision, and risk reduction. In specialized ophthalmology settings, where patients often undergo delicate procedures that directly affect visual function and long-term outcomes, adherence to evidence-based protocols is essential to prevent clinical errors and ensure positive patient outcomes. Participants appeared to perceive EBP as a safeguard that guides clinical actions and minimizes unnecessary variation in patient care.

The findings corroborate previous research, which emphasizes that patient safety is among the most significant outcomes of evidence-based healthcare interventions (Abood et al., 2020). The World Health Organization (2024) also emphasized that healthcare systems that strengthen evidence-informed practice are more likely to reduce preventable clinical errors and improve the quality of healthcare delivery. Within ophthalmology nursing, the consistent use of evidence-based protocols may therefore contribute to safer perioperative care, more accurate medication administration, improved infection prevention, and more effective postoperative monitoring.

Participants further reported that EBP positively influences professional confidence and clinical judgment. Nurses described feeling more assured when performing procedures and making patient care decisions when guided by established evidence, clinical standards, and institutional protocols. The findings indicate that EBP provides a structured basis for clinical reasoning, allowing nurses to justify interventions with greater confidence and clarity.

However, despite these positive influences, participants acknowledged that the benefits of EBP are sometimes limited by existing barriers such as insufficient training, workload pressures, and restricted access to evidence-based resources. Some participants explained that, although they attempted to follow evidence-based standards, limited preparation occasionally led to slower workflow and reduced confidence during unfamiliar or technically demanding procedures. These findings indicate that the effectiveness of EBP implementation depends largely on the balance between institutional support systems and the barriers present within the clinical environment.

This finding implies that Evidence-Based Practice alone cannot fully improve patient care unless nurses are provided with adequate professional preparation, organizational support, mentorship, and accessible clinical resources. Although nurses recognize the value of EBP, sustainable implementation requires healthcare systems that continuously reinforce learning, evidence utilization, and professional development.

The findings also align with the PARIHS framework, which explains that successful implementation of Evidence-Based Practice depends on the interaction among evidence, organizational context, and facilitation (Rycroft-Malone et al., 2021). Even when nurses demonstrate willingness to apply evidence-based interventions, barriers such as workload limitations, staffing pressures, and inadequate support systems may affect the practical impact of EBP on patient care outcomes.

Taken together, the findings under Theme 3 demonstrate that Evidence-Based Practice

significantly influences workflow organization, clinical decision-making, patient safety, and the quality of ophthalmology nursing care. The findings further emphasize that while EBP contributes positively to healthcare delivery, its effectiveness remains dependent on adequate specialty preparation, supportive leadership, access to updated resources, and sustainable organizational support systems. Strengthening these areas may improve the consistency of evidence utilization, enhance patient outcomes, promote safer clinical practice, and support the advancement of evidence-based ophthalmology nursing care.

Theme 4: Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care

Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care reflects how ophthalmology nurses understand, interpret, and integrate Evidence-Based Practice (EBP) into their daily clinical responsibilities. The findings revealed that participants do not perceive EBP merely as a theoretical or research-oriented concept, but rather as a practical framework that guides clinical practice, strengthens decision-making, and promotes safe patient care. This theme directly addresses the fourth Statement of the Problem by exploring the meanings ophthalmology nurses attribute to Evidence-Based Practice within the context of their professional roles and clinical experiences.

Participants consistently described EBP as a guide that helps them deliver safe and high-quality nursing care. This perception was reflected in the statement, "guide sa pag-apply ng quality services sa patient" (P1). The finding suggests that ophthalmology nurses view EBP as a practical reference that supports organized patient management, appropriate clinical judgment, and effective nursing interventions. Rather than perceiving EBP as an abstract academic requirement, participants associated it with actual clinical responsibilities and everyday healthcare delivery.

This interpretation reflects the core principle of Evidence-Based Practice, which emphasizes integrating current research evidence, clinical expertise, and patient-centered care in healthcare decision-making (Melnyk & Fineout-Overholt, 2023). In ophthalmology nursing, where patient care often requires technical precision, timely interventions, and careful monitoring, EBP serves as a structured framework that guides nurses in delivering safe, evidence-informed care.

The findings further imply that ophthalmology nurses perceive EBP as a source of professional direction and accountability. In specialized ophthalmology settings, where procedures directly affect visual function and patient outcomes, nurses appear to rely on evidence-based approaches to reduce uncertainty and strengthen consistency in care delivery. This suggests that EBP contributes not only to clinical performance but also to nurses' sense of responsibility, competence, and professional confidence during patient management.

Participants also associated EBP with protocol-based nursing practice, emphasizing the importance of consistently following standardized procedures during patient care. This was reflected in the statements, "standard protocol na finafollow namin" (P8) and "by the book lahat ng ginagawa namin" (P3). These responses indicate that nurses heavily depend on clinical guidelines, institutional protocols, and established standards to ensure accuracy, consistency, and patient safety in ophthalmology nursing practice.

The findings suggest that ophthalmology nurses perceive protocols and guidelines as concrete representations of EBP within clinical settings. Although nurses may not always engage directly in formal research appraisal or evidence synthesis, they still apply evidence through standardized procedures and institutional practices integrated into patient care. This demonstrates how research evidence is translated into practical and accessible nursing interventions.

The existing literature supports this finding by emphasizing that evidence-based guidelines help bridge the gap between research and bedside practice, particularly in specialized clinical settings where accurate, timely interventions are necessary (Rycroft-Malone et al., 2021). Standardized protocols also

reduce unnecessary variation in clinical practice and strengthen patient safety outcomes. In ophthalmology nursing, adherence to evidence-based standards is especially important in areas such as medication administration, sterile techniques, postoperative monitoring, infection prevention, and perioperative ophthalmic care.

Another important finding under this theme is the perception of EBP as a learned professional foundation developed through education, training, and clinical experience. Participants described EBP as something acquired through academic preparation, workplace exposure, and continuous learning within clinical practice. This finding highlights the combined influence of formal nursing education and experiential learning in shaping nurses' understanding and application of evidence-based care.

The findings imply that competence in Evidence-Based Practice develops progressively through both theoretical instruction and actual clinical exposure. Academic education introduces nurses to research utilization and evidence-informed care, while clinical practice strengthens their ability to apply these principles in real healthcare situations. This reinforces the importance of consistently integrating EBP concepts into nursing education, clinical orientation programs, mentorship, and continuing professional development initiatives.

Research supports the idea that continuous learning environments strengthen nurses' readiness to apply evidence-based interventions and improve long-term professional competence (Saunders et al., 2024). In specialized areas such as ophthalmology nursing, continuous exposure to updated evidence, evolving technologies, and changing clinical standards is necessary to maintain safe, competent, and high-quality patient care.

Participants further associated EBP with quality and patient safety. Nurses emphasized that adherence to evidence-based standards helps prevent clinical errors and ensures more accurate patient outcomes. The findings indicate that participants clearly recognize the direct relationship between evidence utilization and safe healthcare delivery.

This perception is particularly important in ophthalmology nursing because patients often undergo delicate procedures and treatments that require close monitoring, technical precision, and accurate interventions. Adherence to evidence-based protocols may therefore reduce preventable complications, strengthen patient safety, and improve healthcare outcomes. The World Health Organization (2024) emphasized that evidence-informed healthcare systems significantly contribute to reducing clinical errors and improving the quality of patient care.

The findings corroborate previous studies showing that EBP strengthens patient-centered care, improves clinical outcomes, and promotes safer healthcare practices (Cruz et al., 2022). Participants' responses suggest that EBP has already been internalized as part of their professional identity and ethical responsibility as nurses. Nurses appeared to perceive evidence-based care not simply as a requirement imposed by healthcare institutions but as an essential component of competent and responsible nursing practice.

Taken together, the findings under Theme 4 demonstrate that ophthalmology nurses perceive Evidence-Based Practice as a foundational element of safe, organized, and effective ophthalmic nursing care. Participants viewed EBP not merely as research utilization but as a practical framework that guides clinical judgment, strengthens adherence to standards, supports professional accountability, and promotes patient safety. The findings further emphasize that strengthening EBP education, mentorship, continuing professional development, and organizational support systems may reinforce nurses' understanding and consistent application of evidence-based care within specialized ophthalmology nursing practice.

Proposed Program to Strengthen Evidence-Based Practice Implementation Among Ophthalmology Nurses

I. Title of the Program

Strengthening Evidence-Based Practice Among Ophthalmology Nurses Program

II- Program Rationale

The study found that ophthalmology nurses recognize the importance of Evidence-Based Practice (EBP) in promoting safe, organized, efficient, and patient-centered nursing care. However, despite acknowledging its value, participants described several barriers affecting the consistent implementation of EBP in ophthalmology clinical settings. These barriers included insufficient specialty-specific training, limited access to updated evidence-based resources, workload pressures, workflow inefficiencies, and reduced confidence in applying evidence-informed interventions.

The study further revealed that although organizational and collaborative support systems, such as leadership support, mentorship, teamwork, and institutional guidelines, help nurses continue implementing evidence-based care, these support mechanisms remain inconsistent and largely dependent on the workplace environment. Participants also emphasized that EBP significantly influences workflow organization, clinical decision-making, patient safety, and quality of care in ophthalmology practice.

The findings indicate that strengthening EBP implementation requires a comprehensive intervention that addresses both individual professional competencies and organizational support systems. In specialized ophthalmology nursing settings, where patient care often involves delicate procedures, rapid clinical judgment, technical precision, and adherence to strict safety standards, continuous evidence-based competency development becomes essential.

This proposed intervention program was developed based on the study's findings and anchored in the PARIHS Framework, which emphasizes that the successful implementation of Evidence-Based Practice depends on the interaction among evidence, organizational context, and facilitation. The program aims to strengthen ophthalmology nurses' competencies in evidence utilization and to enhance institutional support systems that promote sustainable EBP integration into clinical practice.

The intervention program seeks to address the identified barriers by improving specialty-focused education, strengthening mentorship and leadership support, increasing accessibility to evidence-based resources, promoting collaborative learning environments, and enhancing nurses' confidence in applying evidence-informed clinical interventions. Ultimately, the program aims to strengthen patient safety, improve clinical decision-making, enhance workflow efficiency, and promote high-quality ophthalmology nursing care.

III. General Objective

The proposed intervention program aims to strengthen the implementation of Evidence-Based Practice among ophthalmology nurses through specialty-focused education, organizational support, mentorship, collaborative learning, and continuous professional development.

Program Matrix

Program Component: 1. Evidence-Based Practice Educational Enhancement					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Strengthen nurses' understanding of EBP principles and research utilization in ophthalmology nursing	• EBP orientation seminars • Research utilization workshops •Evidence appraisal training •Case-based discussions • Simulation-based	Nurse educators, nurse supervisors, clinical instructors, ophthalmologists	Months 1–3	Training materials, audiovisual tools, internet access, journals, and clinical guidelines	• Improved EBP knowledge and awareness • Enhanced critical thinking and evidence appraisal skills • Increased confidence in applying

	learning				evidence-based interventions

Program2: Specialty-Specific Clinical Skills Development					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Improve ophthalmology-specific nursing competencies and technical skills	•Perioperative ophthalmology training •Ophthalmic emergency drills • Medication safety workshops •Infection prevention training •Clinical competency assessment	Clinical instructors, ophthalmologists, senior ophthalmology nurses	Months 1–3	Simulation equipment, procedural manuals, competency tools, PPE	• Improved specialty-specific competencies • Increased procedural accuracy and confidence • Enhanced patient safety and quality care

Program 3: Mentorship and Clinical Coaching Program					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Strengthen mentorship, teamwork, and clinical guidance among ophthalmology nurses	• Mentor-mentee pairing • Bedside coaching • Clinical case discussions • Peer-support meetings • Reflective practice sessions	Senior nurses, nurse supervisors, unit heads	Months 2–5	Simulation equipment, procedural manuals, competency tools, PPE	• Improved specialty-specific competencies • Increased procedural accuracy and confidence • Enhanced patient safety and quality care

Program 4: Organizational Support and Resource Accessibility					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Improve access to evidence-based resources and strengthen institutional support for EBP	• Development of updated ophthalmology protocols • Access to online journals and databases • Establishment of EBP resource centers • Protected learning time allocation	Hospital administration, nurse managers, and IT personnel	Throughout implementation	Research databases, internet access, institutional protocols, computers	• Improved access to updated evidence-based resources • Increased evidence utilization in patient care • Stronger organizational support for EBP

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Program 5: Leadership and Collaborative Practice Development					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Strengthen leadership engagement and collaborative workplace culture supporting EBP	• Leadership development workshops • Team-building activities • Interdisciplinary conferences • Collaborative problem-solving sessions	Nurse administrators, unit heads, healthcare leaders	Months 3–5	Workshop materials, venue, audiovisual equipment	• Enhanced leadership support and communication • Improved interdisciplinary collaboration • Stronger evidence-based workplace culture

Program 6: Monitoring and Evaluation					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Evaluate the effectiveness of the intervention program and identify areas for improvement	• Pre-test and post-test evaluation • Skills competency assessment •Participant feedback surveys •Observation checklists •Focus group discussions	Researchers, evaluators, nurse educators	Month 6	Evaluation tools, assessment forms, survey questionnaires	• Measured improvement in EBP competencies • Increased confidence and clinical performance • Enhanced workflow efficiency and patient safety practices

Program 7: Sustainability and Continuous Improvement					
Objectives	Activities/Strategies	Persons Involved	Time Frame	Resources Needed	Expected Outcomes
Promote long-term integration of EBP within ophthalmology nursing practice	•Annual competency training • Continuous mentorship programs • Regular protocol updates •Research participation encouragement • EBP committee establishment	Healthcare institutions, nurse leaders, educators	Continuous	Institutional funding, updated references, continuing education materials	• Sustainable implementation of EBP • Continuous professional growth • Improved patient outcomes and long-term quality of ophthalmology care

IV. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study explored the lived experiences of ten ophthalmology nurses regarding the implementation of Evidence-Based Practice (EBP) in clinical settings. Using Colaizzi's descriptive phenomenological analysis, the study revealed that although ophthalmology nurses recognize EBP as an essential foundation for safe, organized, and high-quality patient care, its consistent implementation is still influenced by several structural, professional, and organizational challenges.

The findings under Theme 1: Structural and Professional Barriers to Evidence-Based Practice revealed that insufficient specialty-specific training, limited research exposure, restricted access to updated evidence-based resources, workload pressures, workflow inefficiencies, and reduced professional confidence continue to affect nurses' ability to apply evidence-informed interventions in ophthalmology practice consistently. Participants' experiences demonstrated that implementing EBP in specialized clinical areas requires more than individual willingness and professional commitment. Nurses require continuous educational support, accessible, evidence-based resources, mentorship, and structured institutional guidance to strengthen their confidence and competency in utilizing evidence.

Despite these barriers, the findings under Theme 2: Organizational and Collaborative Support Systems in EBP Implementation showed that ophthalmology nurses continue to adapt and maintain patient care through available workplace support systems. Leadership support, teamwork, mentorship from senior staff, clinical collaboration, and the availability of institutional guidelines were identified as important factors that helped nurses manage

specialized clinical responsibilities and apply evidence-based interventions within their daily practice. These findings emphasize that EBP implementation is strengthened when healthcare institutions promote supportive clinical environments that encourage collaboration, learning, and professional growth.

The findings under Theme 3: Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care further demonstrated that EBP positively contributes to workflow organization, clinical judgment, patient safety, procedural consistency, and quality of care. Participants associated EBP with more organized clinical processes, improved decision-making, adherence to standards, prevention of clinical errors, and more effective patient management. However, the study also revealed that the presence or absence of organizational support systems influences the positive effects of EBP. While nurses recognized the value of evidence-informed care, barriers such as insufficient preparation and workload limitations occasionally affected the consistency and efficiency of EBP implementation.

Finally, Theme 4: Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care revealed that ophthalmology nurses perceive EBP not merely as a theoretical or academic concept but as a practical framework that guides safe, ethical, and effective nursing care. Participants viewed EBP as an important professional foundation that supports accountability, strengthens adherence to clinical standards, and promotes patient-centered care within specialized ophthalmology settings. These findings indicate that EBP has already become integrated into the professional values and responsibilities of ophthalmology nurses.

Taken together, the findings demonstrate that the implementation of Evidence-Based Practice in ophthalmology nursing is shaped by the interaction among professional preparation, organizational context, workplace support systems, and clinical demands. Although barriers to the utilization of evidence persist, supportive leadership, collaboration, mentorship, and access to clinical guidelines help nurses deliver safe and effective ophthalmic care despite these limitations.

The study, therefore, concludes that strengthening Evidence-Based Practice among ophthalmology nurses requires sustained institutional commitment to

specialty-focused education, continuing professional development, improved access to evidence-based resources, mentorship, and supportive leadership. Strengthening these areas may enhance nurses' confidence, improve clinical decision-making, promote patient safety, and advance evidence-based ophthalmology nursing practice.

Recommendations

Based on the study's findings and conclusions, several evidence-informed recommendations are proposed to strengthen the implementation of Evidence-Based Practice (EBP) among ophthalmology nurses. The findings revealed that although nurses recognize the importance of EBP in promoting safe, organized, and high-quality patient care, its consistent application is constrained by limited specialty-specific training, restricted access to updated resources, workload pressures, and reduced confidence in using evidence. At the same time, the study identified leadership support, teamwork, mentorship, and clinical guidelines as important support systems that help nurses integrate evidence into practice. These findings suggest that strengthening EBP implementation requires both individual professional development and organizational commitment.

Clinical Practice

Healthcare institutions and ophthalmology units can strengthen the integration of EBP into routine clinical practice by developing and consistently implementing ophthalmology-specific clinical protocols and evidence-based guidelines. Standardized procedures may help reduce variability in nursing interventions, improve workflow organization, and strengthen patient safety during ophthalmic procedures and treatments. Nurses should also be encouraged to engage in reflective practice and critical thinking to support more informed clinical decision-making. Embedding EBP into daily nursing responsibilities may help transform evidence-based practice into a consistent component of patient care rather than an occasional practice.

Nursing Education

Nursing schools and educational institutions may further strengthen the integration of EBP into undergraduate and graduate nursing curricula by emphasizing the utilization of research, critical appraisal skills, and the specialty-based application of evidence. Because participants described limitations in specialty preparation, educational programs may provide earlier exposure to ophthalmology-related clinical experiences, simulation-based learning, and evidence-informed case management. Strengthening the connection between theoretical knowledge and clinical application may better prepare future nurses to implement EBP in specialized healthcare settings confidently.

Professional Development

Continuous professional development programs may help address the knowledge gaps and confidence issues identified in the study. Regular workshops, seminars, and specialty-focused training in ophthalmology nursing and EBP may strengthen nurses' competencies and improve the utilization of evidence in clinical practice. Mentorship programs involving senior nurses and clinical supervisors may also support less experienced nurses in developing clinical judgment, research awareness, and decision-making confidence. Encouraging participation in quality improvement initiatives, clinical case discussions, and nursing research activities may further promote a culture of continuous learning within ophthalmology units.

Healthcare Institutions

The study highlights the important role of healthcare institutions in creating environments that support evidence-based nursing practice. Hospitals and healthcare organizations may improve access to updated journals, research databases, clinical guidelines, and specialty-based educational materials to strengthen nurses' ability to apply current evidence in patient care. Institutions may also consider providing protected learning time and supportive policies that encourage participation in EBP activities. Strengthening organizational support systems may help reduce barriers related to workload pressures, limited resources, and restricted access to evidence-based information.

Leadership and Policy

Nursing leaders, administrators, and policymakers play a significant role in sustaining EBP implementation within healthcare settings. Leadership support may be strengthened through active supervision, mentorship, encouragement of professional development, and promotion of evidence-informed clinical standards. Institutional and healthcare policies may also reinforce the importance of EBP by integrating evidence-based standards into routine nursing practice, performance evaluation, and clinical governance systems. Professional nursing organizations may further contribute by offering specialty-focused EBP training and advocacy programs that strengthen nurses' use of evidence.

Patient Care and Clinical Outcomes

The findings demonstrated that EBP positively influences workflow efficiency, care organization, patient safety, and clinical decision-making. In response, healthcare institutions may continuously evaluate patient outcomes and clinical processes to determine the effectiveness of EBP implementation in ophthalmology nursing practice. Monitoring indicators such as patient safety incidents, workflow efficiency, infection rates, and patient satisfaction may provide valuable insights into the impact of evidence-informed care. Strengthening EBP may ultimately contribute to safer, more accurate, and more patient-centered ophthalmology services.

Future Research

Further studies may be conducted with larger, more diverse populations to expand understanding of EBP implementation among nurses working in specialized healthcare settings. Future research may also explore quantitative relationships between EBP competencies, organizational support, and patient outcomes. In addition, studies involving other nursing specialties and healthcare institutions may provide broader insights into the barriers and support systems that influence evidence utilization in clinical practice. Expanding research in this area may contribute to the development of more responsive educational programs, institutional strategies, and healthcare policies that strengthen evidence-based nursing practice.

The recommendations presented in this study emphasize that strengthening Evidence-Based Practice among ophthalmology nurses requires a collaborative and sustained effort involving nurses, educators, healthcare institutions, leaders, and policymakers. Addressing gaps in specialty training, professional development, access to resources, and organizational support may strengthen nurses' ability to integrate evidence confidently and consistently into patient care. More importantly, fostering a workplace culture that values learning, collaboration, and evidence-based practice can improve clinical performance, enhance patient safety, and deliver higher-quality ophthalmology nursing care. Through these collective efforts, Evidence-Based Practice may become more effectively integrated into specialized nursing practice, supporting both professional growth and better healthcare outcomes.

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