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ORIGINAL ARTICLE

Faculty members' Perceptions of Evidence-Based Nursing in a Chilean Private University

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Abstract

In recent years, Evidence-Based Nursing (EBN) has emerged as a key strategy for improving the quality of care and patient outcomes. Despite its importance, the integration of EBN into undergraduate nursing curricula continues to face significant challenges. This study explores nursing faculty members' perceptions of EBN implementation within their academic programs. Data were collected using a 25-item *ad hoc* questionnaire, targeting faculty members engaged in an active learning workshop at a private Chilean university (n = 40). Additionally, a thorough review of the nursing program's curriculum was conducted to evaluate the extent of EBN integration. Findings indicate that faculty members generally hold positive attitudes towards EBN, acknowledging its potential to enhance professional practice (M= 3.75). However, results also reveal that EBN is not yet systematically embedded within the formal curriculum. The study underscores the need for incorporating EBN methodologies into nursing programs and providing targeted faculty training to support its effective adoption in both academic and clinical settings.

Introduction

Given the challenges posed by the 17 Sustainable Development Goals (SDGs) of the United Nations, specifically SDG 3, which focuses on ensuring healthy lives and promoting well-being for all ages, Nursing as a practical science must prioritize evidence-based research. This approach is fundamental to the continuous development of the discipline, ensuring that nursing practices are grounded in EBN is a systematic process that involves developing a research question, locating the best available evidence, analyzing that evidence, and connecting it to the specific circumstances of patients.

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It then requires the practical application of this evidence, followed by continuous monitoring and evaluation of the outcomes to ensure that the best possible care is provided (Fiset et al., 2017; Mathieson et al., 2018). This process ensures that healthcare professionals can assess the effectiveness of their interventions and adjust them as necessary based on patient responses and new emerging evidence. By systematically evaluating outcomes, practitioners can identify areas for improvement and contribute to refining clinical guidelines. This iterative process, in which evidence is applied, outcomes are monitored, and adjustments are made, aims to bridge the gap between research and practice in clinical settings. Ultimately, it encourages a learning-oriented healthcare environment where clinical decisions are always informed by the most current and reliable evidence, enhancing both patient care and professional development..

This model represents a clinical practice approach that integrates the most recent and relevant research findings with the experience and judgment of clinical staff. It also takes into account the preferences and values of patients, leading to more personalized and effective care (Urure-Velazco, 2017). EBN is understood as a problem-solving framework that places patient care at its core, shifting from the traditional, one-size-fits-all model to a more tailored approach. This shift is inspired by the classic biopsychosocial model—a holistic perspective that positions the person at the center, accounting for biological, psychological, and social influences on health. Through this lens, care decisions become more patient-centered, ensuring that treatments align not only with clinical guidelines but also with individual patient needs and circumstances. The study aims to explore the integration of EBN by evaluating faculty perspectives and program curricula at two private Chilean universities.

Theoretical framework

The Higher Education Institutions (HEI) analyzed include a curriculum line for training in research methodology, typically composed of two or three courses. Additionally, it is observed that the research proposals or projects of nursing students tend to address general health topics, rather than focusing specifically on nursing care. In other words, a systematic and targeted emphasis on evidence-based nursing care is not observed within the academic programs. This dispersion of research topics, coupled with the structure of research methodology training as isolated courses, reflects a fragmented approach, as stated by Vera (2020). As a result, the comprehensive development of lifelong research competencies among future nursing professionals is not achieved. The lack of integration of research skills into all aspects of the curriculum means that students miss out on opportunities to fully develop the analytical and evidence-based decision-making skills needed for high-quality patient care.

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Moreover, within the educational model (meso-curriculum implementation) and in class planning (micro-curriculum implementation), there is a noticeable absence of interdisciplinary or transdisciplinary approaches. Such approaches are crucial for fostering the development of a wide range of competencies, including both specific skills related to nursing care and broader, more generic skills like critical thinking and teamwork. The lack of these integrative methods may suggest that the nursing faculty is not thoroughly acquainted with the Evidence-Based Nursing (EBN) model, leading to missed opportunities for more holistic training. This situation could further emphasize the complexity involved in embedding EBN within the curriculum. Implementing EBN requires educators to be not only aware of current research practices but also capable of adapting these practices into classroom and clinical training, making it a challenging endeavor for nursing education programs to address effectively.

EBN and students' professional development

EBN and Students' Professional Development

Roe-Prior (2022) argues that under the Evidence-Based Nursing (EBN) model, nursing professional development (NPD) practitioners play a pivotal role in translating theoretical knowledge into practical application. These practitioners actively integrate academic research, empirical evidence, and scholarly findings into everyday clinical practice, ensuring that patient care reflects the latest advancements in the field. By applying these elements, NPD practitioners not only enhance the quality of care delivered but also foster the ongoing professional development of nursing staff. This integration strengthens the nursing workforce's ability to adapt to new challenges and contributes to the continuous advancement of nursing as a dynamic discipline. The ability of NPD practitioners to serve as a bridge between theory and practice is crucial, as it complements EBN training, which has been shown to significantly enhance nursing students' knowledge, attitudes, and clinical skills.

Various findings indicate that evidence-based nursing (EBN) training significantly enhances nursing students' knowledge, attitudes, and skills, enabling them to make more informed clinical decisions (Black et al., 2015). EBN involves the integration of professional expertise with the best available empirical evidence, allowing nurses to apply proven practices when performing procedures. This approach emphasizes critical analysis of research data to ensure that care practices are updated and in line with the latest evidence. EBN also encourages students to engage actively with ongoing research and apply findings in practical settings, fostering a mindset of continual learning and improvement. By integrating these practices into their training, nursing students are better prepared to navigate complex clinical scenarios, leading to improved patient care and outcomes. This foundation is essential for fostering a culture of evidence-based practice within the healthcare field.

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Furthermore, EBN training encourages collaboration among nursing students and other healthcare professionals. As they learn to apply evidence-based practices, students often work in teams, discussing research findings and evaluating their applicability to patient care. This collaborative environment not only enhances their understanding of EBN but also helps them develop essential teamwork and communication skills, which are crucial in multidisciplinary healthcare settings. Additionally, engaging with evidence-based practices helps students appreciate the value of critical feedback, as they learn to adapt their approaches based on peer and mentor reviews. This openness to constructive critique fosters a growth mindset, helping them continuously refine their skills. Ultimately, EBN training creates a bridge between academic learning and real-world practice, preparing students to become adaptable professionals who are capable of responding to the complexities of patient care with agility and competence.

Impact on Patient Outcomes

Interestingly, evidence confirms that patient outcomes significantly improve when nursing practice is guided by evidence-based approaches (Black et al., 2015; García-García, 2017; Galiano et al., 2020). EBN has been shown to increase patient safety by ensuring that care decisions are grounded in the most current and reliable research findings. By basing clinical decisions on robust evidence, healthcare providers can minimize risks and avoid outdated or less effective treatments. Additionally, this approach leads to more consistent clinical outcomes, as standardized best practices are applied across various healthcare scenarios, reducing discrepancies in patient care. EBN also contributes to lowering healthcare costs by minimizing unnecessary interventions and focusing resources on the most effective treatments. Furthermore, it decreases variability in patient outcomes, ensuring that all individuals receive high-quality care tailored to their specific needs. This consistent application of evidence-based methods is vital for achieving sustainable improvements in healthcare services, benefiting both patients and healthcare providers alike.

Additionally, the application of EBN leads to improved efficiency in healthcare delivery, as care providers can make quicker, evidence-supported decisions that streamline the treatment process. This efficiency reduces the time spent on trial-and-error methods, allowing for more direct paths to effective patient care. By integrating EBN, healthcare facilities can also foster a culture of continuous improvement, where every member of the care team is encouraged to seek out and implement the best evidence available. This cultural shift can lead to reduced instances of medical errors and complications, further enhancing patient safety. Moreover, the emphasis on data-driven care encourages a proactive rather than reactive approach to patient management, identifying potential risks before they escalate into serious issues. As a result, EBN not only improves individual patient outcomes but also elevates the overall quality of care within the entire healthcare system.

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Challenges in Nursing Education

However, at the level of nursing education, knowledge acquisition is often derived from textbooks, traditional lectures, classroom instruction, online learning platforms, simulation exercises, and hands-on clinical experiences. Despite these diverse methods, research is frequently approached as a series of isolated courses rather than a cohesive, cross-disciplinary competency (fragmented approach). This can limit students' ability to integrate evidence-based principles into their clinical practice. In their influential book, "Evidence-Based Teaching in Nursing," Cannon and Boswell (2012) advocate for a more integrated approach, introducing evidence-based nursing education as a holistic, dynamic system. This system emphasizes the use of validated educational principles supported by robust research to elevate the quality of nursing education. By embedding evidence-based approaches throughout the curriculum, nursing programs can support the development of students who are well-prepared to apply these principles in diverse clinical settings.

In nursing education, adopting an Evidence-Based Nursing (EBN) approach presents significant benefits for both students and faculty. EBN emphasizes the integration of empirical research into clinical practice, ensuring that students are not only acquiring theoretical knowledge but also learning to apply the latest evidence to real-world healthcare situations. By embedding EBN throughout the curriculum, nursing programs can prepare students to critically evaluate research, improve patient outcomes, and foster continuous professional growth. Below are five key characteristics of EBN in nursing education that contribute to these benefits:

- **Holistic Integration:** EBN advocates for a cross-disciplinary, cohesive approach rather than isolated research courses. This enables students to develop a well-rounded understanding of how research informs practice across all aspects of nursing.

- **Critical thinking development:** EBN emphasizes the application of validated research, encouraging students to develop critical thinking and analytical skills that enable them to make informed, evidence-based decisions in clinical settings.

- **Dynamic and adaptive system:** The EBN approach is adaptable and dynamic, evolving with new research findings. This ensures that nursing education remains current, allowing students to stay updated on the latest best practices in healthcare.

- **Practical application of evidence:** EBN bridges the gap between theory and practice, ensuring that students are not only acquiring knowledge but are also learning to apply it in practical, hands-on clinical scenarios.

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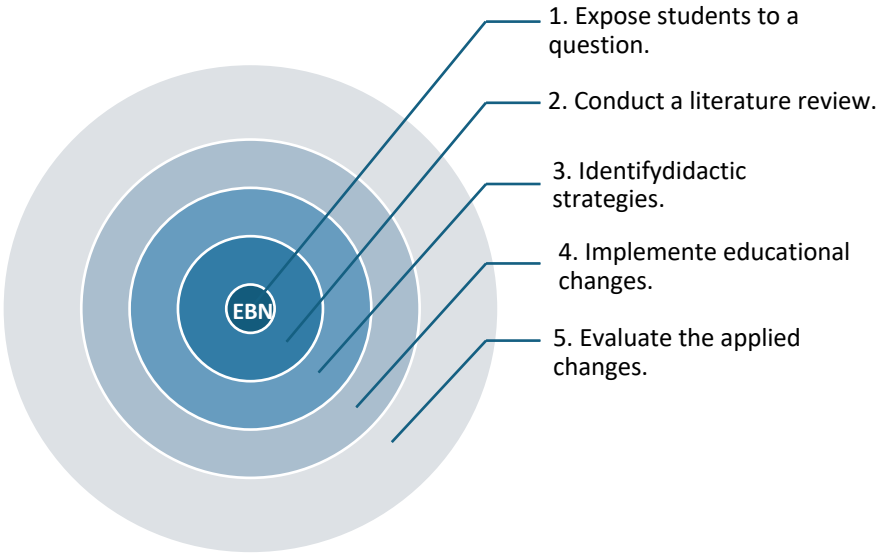
- **Enhanced educational quality:** By embedding evidence-based principles throughout the curriculum, EBN elevates the overall quality of nursing education, producing graduates who are well-prepared to face diverse and complex healthcare challenges.

Despite the potential benefits of a more integrated approach, implementing such a system faces several challenges. Faculty members may lack sufficient training in evidence-based methodologies, making it difficult to incorporate these concepts into their teaching strategies. Moreover, time constraints within the curriculum often prioritize core nursing skills, leaving limited space for the exploration of research skills. Additionally, the need for access to up-to-date research databases and other resources can be a barrier, particularly in institutions with limited funding. These factors can create a disconnect between theoretical knowledge and practical application, leaving students underprepared to utilize research findings in clinical settings. Addressing these challenges requires a concerted effort from educational institutions to invest in professional development, provide resources, and restructure curricula to foster a more research-oriented and evidence-based educational environment for nursing students.

Steps for Effective Implementation of EBN in Nursing Education

In their book, the authors propose a series of steps that are crucial for successfully implementing the EBN approach within nursing education (Figure 1).

Figure 1: *Implementation of the EBN approach*



Source: Own elaboration based on Cannon and Boswell (2012).

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As shown in Figure 1, the first step in implementing Evidence-Based Nursing (EBN) within nursing education involves presenting students with a clinical question or problem that requires investigation. This approach stimulates curiosity and helps students recognize the value of evidence-based practice in addressing real-world healthcare challenges. It establishes a foundation for inquiry and research, encouraging a mindset of continuous exploration.

Following this, students are guided to conduct a thorough review of existing research and literature related to the posed question. This step teaches them to identify relevant studies, critically analyze findings, and synthesize the best available evidence. It provides a solid basis for making informed decisions in clinical practice, allowing students to see how research translates into actionable knowledge.

Based on the insights gained from the literature review, educators work to identify effective teaching strategies that integrate evidence-based principles into the learning process. This may include using case studies, implementing simulation-based learning, or applying other instructional methods that align closely with the evidence. These strategies ensure that students can connect theoretical knowledge with practical applications.

Next, educators implement the selected didactic strategies within the curriculum or training programs. This step involves adapting teaching methods to actively incorporate evidence-based concepts into clinical skills training. The goal is to enhance students' understanding and ability to apply EBN principles directly within their practical learning experiences.

As depicted in Figure 1, the final step is to evaluate the effectiveness of the implemented changes. This involves gathering feedback from students, assessing their competency in applying EBN principles in clinical settings, and analyzing outcomes to identify areas for further improvement. Continuous evaluation is crucial to ensure that the curriculum remains aligned with the evolving best practices in nursing education, ultimately fostering a culture of evidence-based learning and practice.

From this perspective, the benefits of implementing EBN, specifically in nursing care, include the following:

- Obtaining a high volume of information in a minimal time;
- Performing procedures correctly using available standard methods;
- Choosing appropriate nursing care;
- Improving the quality of nursing care;
- Providing the most effective care services to patients at the right time; and
- Increasing user satisfaction, among others.

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Therefore, it is undeniable that if nursing students learn to apply EBP adequately during their training, they will be able to improve the quality of nursing services in any healthcare establishment once they graduate. Ideally, nursing schools should include teaching-learning strategies that promote EBN, whether through research articles, systematic reviews, or specific guidelines (Fiset et al., 2017). However, at the local level, it is observed that university nursing schools have not critically addressed research oriented toward care, as established by the Chilean National Accreditation Commission (CNA-Chile). Furthermore, in many undergraduate nursing programs, EBN is not taught as a strategy for clinical learning (Passalenti, 2006).

Indeed, when reviewing research proposals—as an academic requirement for graduation—the author found that in the 2014 and 2015 cohorts of the analyzed Higher Education Institutions (HEIs), 55% referred to care— a finding that would not allow for the advancement and development of this discipline. Moreover, in the absence of research policies that support and respond to current changes, it is challenging to see the disciplinary development of nursing as a practical science (Vera, 2018). Additionally, it is worth noting that in Chile, research is not typically among the traditional responsibilities of nursing staff. Specifically, the workday is mainly dedicated to direct patient care or administrative aspects of healthcare management.

Challenges in Implementing EBN

For this reason, nursing research is often placed in the background, despite its vital importance for the practice and development of the discipline. In this sense, literature shows that due to the workload, many nursing professionals cannot keep up with new evidence, while others perceive that they have moderate research skills (Pearson et al., 2012). This limitation affects their ability to engage with the latest research and apply it effectively in clinical practice. Other studies suggest that although training in EBN by experienced professionals is important, time availability remains a significant barrier to implementing this approach (Khammarnia et al., 2015; Mathieson et al., 2018). The lack of dedicated time for professional development restricts nurses' opportunities to improve their research skills and integrate evidence-based practices into their daily routines, ultimately impacting the quality of patient care and limiting the evolution of nursing as a research-driven discipline.

As with any new paradigm, barriers or difficulties arise during its implementation, primarily related to nursing professionals, such as a lack of motivation, low proficiency in English as a foreign language (L2), and difficulties in understanding statistics (Vera, 2020). Additionally, there is evidence of inconsistency between education and practice in the nursing discipline (Shayan et al., 2019). It is also estimated that, regardless of the primary roles of practice settings and even the country, most nursing staff are not prepared to undertake an EBN initiative, as they feel that their knowledge and skills are insufficient to implement this approach (Majid et al., 2011).

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Complexity of Implementing EBN

Objectively, the implementation of EBN is a complex process that requires professionals who are prepared and capable of considering resources and best practices from local, regional, national, and/or international contexts, in a sort of nursing benchmarking. As such, this approach demands reviewing the state of the art (recent studies, no older than five years), exclusively focused on nursing care as an element of patient satisfaction. Additionally, the implementation of new evidence-based practice models requires research into how good clinical practices have been applied in a given context. Specifically, this means investigating, implementing, and sharing experiences through Communities of Practice (CoP) and disciplinary conferences to enrich the model.

In nursing programs, EBN is considered a core component (Ruzafa-Martínez et al., 2016) and has been addressed since the 2000s, being strongly recommended in the United States (American Association of Colleges of Nursing, 2002), in Europe (Zabalegui et al., 2006), in Australia (Waters et al., 2009), and in Canada (Cable-Williams et al., 2014). In the United Kingdom, competence in EBN is mandatory for nursing courses (Brooke et al., 2015). Norway has been changing its Nursing school curricula to include it (Horntvedt et al., 2018). In Brazil, it is still in its early stages, although it is recommended in the Brazilian National Curriculum Guidelines for Nursing Degrees (Diretrizes Curriculares Nacionais de Graduação em Enfermagem – DCN) in editorials (Reichembach and Pontes, 2018) and in specific initiatives (Ferraz et al., 2020), indicating the need for its expansion.

Nursing programs and EBN

Additionally, when reviewing the accreditation criteria of the National Commission of Chile (CNA-Chile) for nursing programs, it is found that academic staff must have postgraduate training in their discipline as well as in university-level teaching (CNA-Chile, 2014). Regarding specific competencies, it is established that nursing units must provide care that encompasses the promotion, prevention, recovery, and rehabilitation of the health of individuals, families, and the community. However, despite these clear requirements, a detailed review of undergraduate nursing programs reveals that they do not yet include structured Evidence-Based Nursing (EBN) proposals.

Regarding generic competencies, nursing education should emphasize the cultivation of critical thinking, defined as the capacity to synthesize disciplinary knowledge, clinical experience, and analytical reasoning to make evidence-based decisions. This competency enables nursing professionals to effectively navigate complex and dynamic clinical environments, thereby enhancing their ability to deliver high-quality, patient-centered care. Furthermore, in the realm of research, it is imperative that the nursing unit consistently employs the scientific method as a core tool for the systematic analysis and resolution of the intricate challenges inherent to professional nursing practice.

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Additionally, nursing programs should implement an explicit policy that promotes and guides research activities, fostering a culture of inquiry and evidence-based practice, which is essential for advancing the discipline and ensuring that students are well-prepared for their future roles (CNA-Chile, 2014). Such policies should not only encourage research within academic curricula but also provide students and faculty with the necessary resources and support to engage in meaningful research endeavors. By embedding research as a core component of nursing education, institutions can help bridge the gap between theory and practice, enabling students to apply evidence in real-world clinical scenarios. Furthermore, promoting research excellence ensures that nursing professionals are equipped with critical thinking skills and a mindset geared toward lifelong learning, ultimately enhancing the quality of healthcare and driving continuous improvement in nursing practices.

As can be seen, a successful EBN proposal requires not only a personal commitment to quality care but also consistent institutional efforts that enable its implementation in the curricula of HEIs offering nursing programs and in healthcare centers at all organizational levels. Moreover, when implementing EBN, nursing staff should play a dynamic role at the unit level and, at the same time, be able to determine whether the available evidence is relevant for a particular patient. Therefore, it is necessary to promote critical thinking among nursing staff to balance the risks and benefits of alternative treatments for each patient, considering their unique clinical circumstances, including both their personal preferences and comorbid conditions.

Generic competencies in nursing

Regarding generic competencies, it is recommended that nursing education emphasizes the development of critical thinking skills. Critical thinking is defined as the ability to integrate disciplinary knowledge, practical experience, and analytical reasoning to make well-informed decisions in clinical settings. It enables nurses to adapt to rapidly changing scenarios and improve patient care outcomes by evaluating situations from multiple perspectives. In terms of research, it is outlined that nursing programs should equip students with the skills to apply the scientific method. This methodological approach is crucial for analyzing and solving the complex problems that arise in professional practice, fostering a deeper understanding of evidence-based care. Additionally, an explicit policy guiding and promoting research activities is considered essential to foster a culture of inquiry and evidence-based improvements (CNA-Chile: Chilean National Commission of Accreditation, 2014). This comprehensive focus on both critical thinking and research prepares future nurses to contribute actively to the evolution of nursing as a dynamic science and practice, capable of responding to emerging healthcare challenges.

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Beyond critical thinking and research skills, nursing education must also cultivate communication, teamwork, and leadership abilities as core generic competencies. Effective communication is vital for nurses to interact with patients, families, and interdisciplinary teams, ensuring that care is both collaborative and patient-centered. Teamwork skills allow nurses to work seamlessly within healthcare teams, adapting to different roles and responsibilities. Leadership, meanwhile, empowers nurses to advocate for best practices and initiate changes that improve care standards. These competencies not only enhance the immediate quality of care but also position nurses as key contributors in decision-making processes within healthcare systems. By embedding these skills within the curriculum, nursing programs can ensure that graduates are well-rounded professionals capable of adapting to diverse challenges in the healthcare environment.

Materials and Methods

From a positivist paradigm, this study follows a purely quantitative approach (Johnson et al., 2007), utilizing a non-experimental cross-sectional design (Green et al., 2006). The study has a descriptive scope and a field design, carried out at a private Chilean university with a national presence that offers a bachelor's degree in nursing. An Evidence-Based Nursing Questionnaire (EBNQ) was employed as the primary data collection tool. This instrument consists of 25 items, each rated on a five-point Likert scale ranging from "1 = Strongly Disagree" to "5 = Strongly Agree," with a possible total of 125 points. The questionnaire was self-administered online via a URL link, ensuring easy access and timely completion by participants.

The items are organized into three key dimensions: (i) Practice, comprising six questions for a maximum of 30 points; (ii) Attitudes, with four questions totaling 20 points; and (iii) Knowledge and Skills, consisting of 15 questions for up to 75 points. Additionally, the study included a thorough review of the graduation profile, nursing programs, and student research proposals, which are mandatory for graduation at the studied higher education institution.

The absence of an EBN approach in the current curricular design signals a missed opportunity to develop essential competencies among nursing students. Without structured exposure to the application of contemporary research evidence, future nurses may struggle to integrate findings into their clinical practice. This gap underscores the pressing need for a curriculum update that explicitly incorporates EBN as a foundational element, ensuring that students not only acquire theoretical knowledge but also master the skills necessary to apply it effectively in real-world healthcare settings, thereby fostering a culture of continuous learning and improvement in nursing care.

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Results

A total of 40 nursing professionals participated in the questionnaire, including 17 men (43%) and 24 women (57%), with an average age of 48 years (SD: 7). Among the respondents, 28 (70%) hold a master's degree, a proportion that falls short of the CNA-Chile's standards for academic staff qualifications, which emphasize the need for advanced education in faculty members. Geographically, the sample is distributed across the country, with 9 participants from northern Chile, 24 from central Chile, and 7 from southern Chile, representing 23%, 60%, and 18% of the respondents, respectively (Table 1). This demographic breakdown highlights the diversity of the participants, offering insights into their academic qualifications and regional representation. It also underscores potential areas for development, such as increasing access to higher education and fostering professional growth among nursing faculty members across different regions.

Table 1: *EBNQ results*

Items	Valid	Mean	SD
1. Regardless of my workload, I make time to review new evidence in my field.	40	3.57	0.93
2. I have no problem with my clinical practice being challenged against the evidence.	40	3.25	1.72
3. I like to apply new methods rather than the already tested ones.	40	3.47	1.30
4. It is not enough for me to hear something before applying it to my practice. I need to verify it against the evidence.	40	4.17	0.71
5. I contrast all my professional decisions with the evidence.	40	3.85	1.07
6. I am aware that to stay updated, I need to review studies that are no more than five years old.	40	4.32	1.18
7. I have sufficient research skills to find recent evidence.	40	3.67	0.99
8. I am competent in information and communication technology.	40	3.75	0.87
9. I monitor and review my practical competencies.	40	3.60	1.03
10.			

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Items	Valid	Mean	SD
11. I can easily turn the information I read into a research question.	40	3.17	0.95
12. I am aware that there are many types of information and sources.	40	4.65	0.66
13. I am skilled in identifying gaps in my clinical practice.	40	3.85	0.921
13. I know exactly how to collect recent evidence.	40	3.60	1.00
14. I can critically analyze evidence against established standards.	40	3.40	0.841
15. I can determine how valid (truthful) the material I read is.	40	3.80	0.966
16. I can determine how useful the material I read is for my clinical practice.	40	4.00	0.847
17. I can apply new information to individual cases.	40	3.75	0.95
18. I present my viewpoints objectively, based on evidence.	40	3.90	0.74
19. I share information about care with colleagues.	40	4.15	1.02
20. I have the ability to objectively assess my own practice.	40	4.17	0.93
21. How often do you formulate questions whose answers could fill a gap in your clinical practice?	40	3.40	0.87
22. After formulating a question, how often do you review relevant evidence?	40	3.42	0.95
23. How often do you critically assess established clinical practices based on evidence?	40	3.35	1.00
24. How often do you integrate the evidence found with your own experience?	40	3.72	0.93
25. How often do you share your experience of integrating evidence with your own practice?	40	3.47	1.08

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Regarding reliability, a Cronbach's alpha of 0.87 was obtained for the entire questionnaire, demonstrating the robustness and internal consistency of the instrument. This high value indicates that the items within the questionnaire are highly correlated, ensuring that the responses are reliable and consistent across different participants. Such a strong reliability score supports the use of the questionnaire as a dependable tool for measuring perceptions or behaviors in the context of evidence-based nursing practices, enhancing the validity of the findings derived from the collected data.

In a stratified analysis, it was observed that the faculty members of this HEI demonstrated a generally favorable perception of the various dimensions of Evidence-Based Nursing (EBN), as outlined in Table 2. The results suggest that faculty are open to the integration of evidence-based practices in their professional activities, reflecting positive attitudes toward its application in both academic and clinical settings. These findings highlight a solid foundation for the continued promotion of EBN methodologies within the institution.

Table 2: *Faculty Perception of EBNQ dimensions*

Dimension	Item Numbers	Mean	SD
Practice	1, 2, 4, 4, 5, 6	3.71	1.09
Attitudes	7, 8, 9	3.68	0.96
Knowledge and Skills	11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25	3.85	0.94

Based on the stratified analysis presented in Table 2, faculty members at the analyzed HEI exhibit a generally favorable perception of the various dimensions of the EBN approach. The Practice dimension, which includes items related to the application of evidence in daily clinical practice, achieved a mean score of 3.71 with a standard deviation of 1.09. This suggests moderate agreement among respondents regarding their use of evidence in practice, although the relatively high standard deviation indicates some variability in responses, reflecting differing levels of engagement with EBN across the faculty.

The Attitudes dimension, which encompasses items assessing the faculty's openness and inclination toward evidence-based approaches, yielded a mean score of 3.68 with a standard deviation of 0.96. This suggests a generally positive attitude among respondents toward EBN approach, indicating that faculty members are receptive to integrating evidence into their professional practices. Furthermore, the relatively low standard deviation reflects a consistent perception across the group, showing that most respondents share a similar viewpoint on the importance of EBN.

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The Knowledge and Skills dimension scored the highest, with a mean of 3.85 and a standard deviation of 0.94. This indicates that the faculty members feel relatively confident in their understanding and ability to apply EBN methodologies, reflecting a stronger foundation in these areas compared to the other dimensions. Overall, the results suggest that while faculty members perceive their knowledge and skills in EBN positively, there is still room for improvement in their practical application and attitudes toward integrating EBN into their professional practice.

Additionally, a thorough review of the nursing program curricula at the studied university reveals a notable absence of an EBN approach in any component of their training. While the curriculum includes courses on general research methodology, there is no explicit focus on integrating EBN principles into clinical practice or decision-making processes. This lack of emphasis limits students' exposure to evidence-based frameworks, which are crucial for improving patient care outcomes and aligning with international best practices in nursing education.

Furthermore, when reviewing the graduation profiles of the undergraduate nursing programs, it was found that both HEIs do not explicitly state EBN as a professional competence and/or a distinctive attribute for future professionals. Most research proposals from students at these HEIs are focused on the health field of other disciplines. On average, 70% of these proposals are oriented towards general health topics, and only 30% towards care, which is a pillar of nursing education. Specifically, of the 65 research proposals received in 2023 for the 2018 cohort at this HEI, 45 pertained to general health topics and 20 to care (69% and 31%, respectively).

The aforementioned findings appear to conflict with the specific competencies established by the CNA-Chile, which emphasize the integration of evidence-based practice in nursing education. Additionally, methodological weaknesses are evident in many of these student research proposals, particularly in their ability to link research to nursing care. These shortcomings suggest a need for targeted interventions in the research training provided to nursing students. Strengthening this area would better equip future professionals to conduct relevant and rigorous research that aligns with the core principles of nursing education.

After applying the EBNQ and analyzing the curricular aspects of the nursing education at this HEI, it is estimated that the results of this study could serve as a useful tool for evaluating nursing training curricula and incorporating evidence-based practice as a core strategy for improving the educational quality of nursing training programs, emphasizing care management, as established by the CNA-Chile. Additionally, the instrument could be used to assess the competencies of nursing professionals who teach in relation to their practice, thus stimulating interest in research and simultaneously promoting the development of critical thinking regarding the quality of nursing practice centered on evidence-based care.

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Conclusion

Although nursing faculty show a positive attitude towards EBN, certain limiting factors would prevent its implementation at the curricular level and, consequently, in practice. Among these are the need for EBN training for faculty, the lack of faculty members with postgraduate training, the presence of curricula focused on subject-specific instruction, lack of research skills among students, low proficiency in English as a foreign language (L2), lack of teamwork among faculty from a multidisciplinary perspective, and the need for leadership that facilitates change.

In this context, it is concluded that, regardless of the research methodology courses currently offered, nursing education should integrate research competence transversally throughout the curriculum. This approach would ensure that students develop research skills consistently across their academic experience. By doing so, nursing programs can better align with the focus on care established as a criterion for nursing research by the CNA-Chile, fostering a stronger connection between research and practical care, and enhancing the overall quality of nursing education and practice.

Finally, it is concluded that implementing EBN in the training curriculum requires a process of cultural adaptation, which should necessarily be gradual and participatory. To achieve this, it would be desirable for Chilean HEIs to reform and/or update their curricular proposals and for the management of healthcare centers in Chile to implement a comprehensive strategy to develop EBN competencies through an appropriate training program led by the national health authority.

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