

Reconciliation Model for Evidence-based Practice in Hospital Nursing

Modelo de Conciliação para a Prática Baseada em Evidências Em Enfermagem Hospitalar

Modelo de Conciliación para la Práctica Basada en la Evidencia en Enfermería Hospitalaria

RESUMO

Objetivo: Propor modelo teórico-empírico para prática baseada em evidências entre enfermeiros hospitalares, integrando dimensões organizacionais, educacionais e de estratégia de negócio. **Método:** Conforme relato de caso prático, o modelo foi construído por integração analítica de iniciativas implementadas em hospital de ensino do Sistema Único de Saúde, mediante síntese de modelos internacionais (iPA-RiSH; ARCC; The Tyler Collaborative Model; The Research Appreciation, Accessibility and Application Model). **Resultados:** O "Modelo de Conciliação" resultante apresenta quatro dimensões e dez passos: reconhecer problemas e oportunidades; mobilizar forças para mudança; legitimar o processo; avaliar e disseminar. Inclui a mensuração de retorno e valor de investimento para projetos de prática baseada em evidências. Um caso simulado ilustra sua aplicação, demonstrando projeções junto aos enfermeiros no âmbito hospitalar. **Conclusão:** O relato alinha evidência científica, gestão e sustentabilidade financeira. Aborda uma lacuna crítica na literatura, especialmente no eixo Sul-Sul, onde faltam modelos contextualizados para prática baseada em evidência hospitalar.

DESCRIPTORIOS: Enfermagem baseada em evidências; Modelo em enfermagem; Pesquisa em Enfermagem; Prática baseada em evidências; Hospitais de ensino.

ABSTRACT

Objective: To propose a theoretical-empirical model for Evidence-Based Practice (EBP) among hospital nurses, integrating organizational, educational, and business strategy dimensions. **Method:** As per a practical case report, the model was developed through the analytical integration of initiatives implemented in a teaching hospital of the Brazilian Unified Health System (Sistema Único de Saúde). This was achieved by synthesizing international models (i-PARIHS; ARCC; The Tyler Collaborative Model; The Research Appreciation, Accessibility and Application Model). **Results:** The resulting "Conciliation Model" comprises four dimensions and ten steps: recognizing problems and opportunities; mobilizing forces for change; legitimizing the process; evaluating and disseminating. It includes the measurement of return and value of investment for evidence-based practice projects. A simulated case illustrates its application, demonstrating projections for nurses in the hospital setting. **Conclusion:** This case report aligns scientific evidence, management, and financial sustainability. It addresses a critical gap in the literature, especially in the Global South, where there is a lack of contextualized models for evidence-based practice in hospital care.

DESCRIPTORS: Evidence-based nursing; Nursing model; Nursing research; Evidence-based practice; Teaching hospitals.

RESUMEN

Objetivo: Proponer un modelo teórico-empírico para la práctica basada en evidencias entre enfermeros hospitalarios, integrando dimensiones organizacionales, educativas y de estrategia empresarial. **Método:** Según un relato de caso práctico, el modelo se construyó mediante la integración analítica de iniciativas implementadas en un hospital escuela del Sistema Único de Salud de Brasil, a través de la síntesis de modelos internacionales (i-PARIHS; ARCC; The Tyler Collaborative Model; The Research Appreciation, Accessibility and Application Model). **Resultados:** El "Modelo de Conciliación" resultante presenta cuatro dimensiones y diez pasos: reconocer problemas y oportunidades; movilizar fuerzas para el cambio; legitimar el proceso; evaluar y diseminar. Incluye la medición del retorno y valor de la inversión para proyectos de práctica basada en evidencias. Un caso simulado ilustra su aplicación, demostrando proyecciones para los enfermeros en el ámbito hospitalario. **Conclusión:** Este relato alinea evidencia científica, gestión y sostenibilidad financiera. Aborda un vacío crítico en la literatura, especialmente en el Sur Global, donde faltan modelos contextualizados para la práctica basada en evidencias en el ámbito hospitalario.

DESCRIPTORIOS: Enfermería basada en la evidencia; Modelo de enfermería; Investigación en enfermería; Práctica basada en la evidencia; Hospitales de enseñanza.

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INTRODUCTION

The use of research in practice involves different activities, culminating in the creation of innovation. It should be noted that research is conducted with a view to producing knowledge that can be generalized beyond the population that was directly studied, while the use of research is aimed at transferring specific knowledge based on studies into practice, using techniques developed and tested in the practical context. However, confusion between the two processes occurs because one set of activities does not happen in isolation from the other. Nevertheless, the use of research in practice is one of the elements of evidence-based practice (EBP). It can be defined as a problem-solving approach to providing health care that integrates the best evidence from well-designed studies and care data, and combines the preferences and values of the patient and the expertise of the health professional. EBP for nursing is a globally recognized standard that has been supported by international organizations and health regulatory agencies, such as the American Nur-

ses Association, the Centers for Disease Control and Prevention (CDC), the National Academy of Medicine, and, since 2015, the World Health Organization, which guides it with an emphasis on hospitals⁽²⁾.

Even with the benefits for cost control, quality of care, and patient safety, its implementation has proven to be a complex challenge. This is characterized by the absence of a hospital organizational culture for EBP and weaknesses in the skills of professionals to act in accordance with this approach, in addition to the concerns of decision-makers regarding the return on investment and its economic and financial sustainability⁽¹⁻⁴⁾. In any case, making EBP the norm should be guided by models or *frameworks* for strategic hospital organizational change. There are relevant international models for rearrangements in the hospital system in order to implement EBP. Widely recognized models include: the Iowa Model, the Stetler Model, the Ross-wurm and Larrabee Model, the Johns Hopkins Model, the ACE Star Model of Knowledge Transformation, Advancing Research and Clinical Practice through Close Collaboration

(ARCC), and Integrated-Promoting Action on Research Implementation in Health Services (iPA-RiSH). They guide EBP so that it is aligned with patient needs, with an emphasis on the values and cultures of organizations, in order to improve care and reduce costs⁽¹⁻⁴⁾.

A recent scope review, conducted in 2025, which mapped 26 different strategies for implementing EBP in nursing in hospitals, concluded that they are being used, but the health-care and economic results are not measured consistently. Furthermore, none of the studies analyzed were conducted in Latin America and Africa (South-South axis), highlighting this important knowledge gap⁽³⁾. Another recent scoping review, conducted in 2022 with 663 studies included, aimed to provide a comprehensive summary of the published literature on the implementation of EBP in health services, showed that most EBP projects were related to infection prevention, followed by cardiac care and reduction of falls in hospitalized patients. However, none of the studies analyzed were developed in Latin America and Africa (South-South axis)⁽⁴⁾. Further-

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more, financial return was not often measured as an outcome for PBE projects. Most (94%) of the projects were applied to the continuous improvement of processes and quality of care, and cost control as well as other financial impacts were not presented as indicators of practice control⁽⁴⁾.

Furthermore, regarding the analysis of the economic sustainability of EBP for nurses in hospital settings, concepts such as Return on Investment (ROI) and Value of Investment (VOI) stand out, metrics currently indicated for measuring the financial impact of implementing these practices in health services. ROI is calculated as the ratio between financial gains and the investment cost of the improvement, assessing the effectiveness and profitability of a business. It allows us to understand the cost-benefit of a strategy or process. VOI, on the other hand, is a little more challenging to measure than ROI, and there is no simple formula. It requires more subtlety, especially for results such as job satisfaction and organizational climate. VOI can include money, time, effort, or other resources^(1-2,5).

Thus, given the gaps in knowledge that have been highlighted, it is necessary to critically reflect on this reality for public teaching hospitals, which make up the South-South healthcare system. For Brazil, those contextualized within the Unified Health System (SUS). For the public health systems in Latin America and Africa in question, underfunding and financial resource constraints have presented a complex challenge. Moreover, in these systems, higher education institutions and hospitals cooperate to carry out training, research, and university extension practices. Substantially, the gaps are about frameworks that can guide how to strategically build the culture of EBP in public teaching hos-

pitals. Furthermore, it considers the engagement of decision-makers, the return and value of the investment to obtain support and the sustainability of these practices. The question is how to promote the organizational culture of EBP for nursing as a strategy for teaching hospitals. Given this reality, the objective is to propose a theoretical-empirical model for the implementation of Evidence-Based Practice in Nursing in Public Teaching Hospitals, including the business strategy, and to present a simulated case for its application.

METHOD

Case Report: from problem situation to opportunity

This is a case report from the qualitative perspective of a case study for healthcare organizations. It is characterized by empirical research that studies a contemporary phenomenon ("the case") within its real-life context, especially when the boundaries between the phenomenon and the context are not clearly defined. The depth of the qualitative analysis of this "case" allowed the authors to understand how and why certain things worked or did not work, generating insight and leading them to synthesize this knowledge into a model with clear dimensions and steps. The model proposal was based on a single case and triangulated with a literature review of other international models⁽⁷⁾. Regarding ethical aspects, the study is part of a larger project on "Convergent care research for the implementation of Evidence-Based Practice in a Public Teaching Hospital." Approved on June 9, 2017, CAAE number: 64910317.6.0000.5154 and consolidated opinion number 2.110.319, from CEP-UFTM, in accordance with CNS Resolution No. 466/2012.

The proposal is described as a technological innovation: a mod-

el for the implementation of EBP in Public Teaching Hospitals as a business strategy. It is based on the diagnosis of the problem situation and opportunity. It starts from an empirical analysis of a historical case in a Teaching Hospital of the Unified Health System that experienced a set of initiatives to mobilize, disseminate, and implement EBP among nurses⁽⁸⁾. The reflective-analytical integration of the initiatives in the scenario and the findings of the literature review were the basis for the construction of the model proposal. The literature review showed that among the models with the greatest emphasis on organizational aspects for the implementation and sustainability of EBP, the following were identified: the English iPA-RiSH model; the American models: the ARCC model and the *Tyler Collaborative Model*; the Australian model, *The Research Appreciation, Accessibility, and Application Model*⁽⁹⁾.

In common, they point to the need to: identify competencies and barriers to EBP for hospital teams; define a consistent theoretical framework for the dissemination of EBP; describe the stages/framework of the model to be proposed; identify factors within the hospital organization that condition the success and sustainability of EBP implementation. The results detail the innovation proposal, the model framework, and a simulated case of practical application. The historical case is based on a problem in the practical scenario of health service organization. As presented in the Strategic Master Plan of the Hospital de Clínicas da Universidade Federal do Triângulo Mineiro (HC-UFTM), difficulties were noted in the integration of research and care. This first experience of participatory planning was innovative for the hospital compared to the old model, in which management planning experiences were nor-

mative. The "difficulty of integrating teaching, research, and care" was one of the hospital's macro problems. The factors conditioning the macro problem permeated the lack of an institutional policy that favored the integration between "acting-researching-teaching." As a result, they were detrimental to the teaching and care provided at the hospital, resulting in low scientific output and lower qualifications among the professionals working there. Financial sustainability and other economic impact measurements were not undertaken for the processes resulting from the integration of teaching and research⁽⁸⁾.

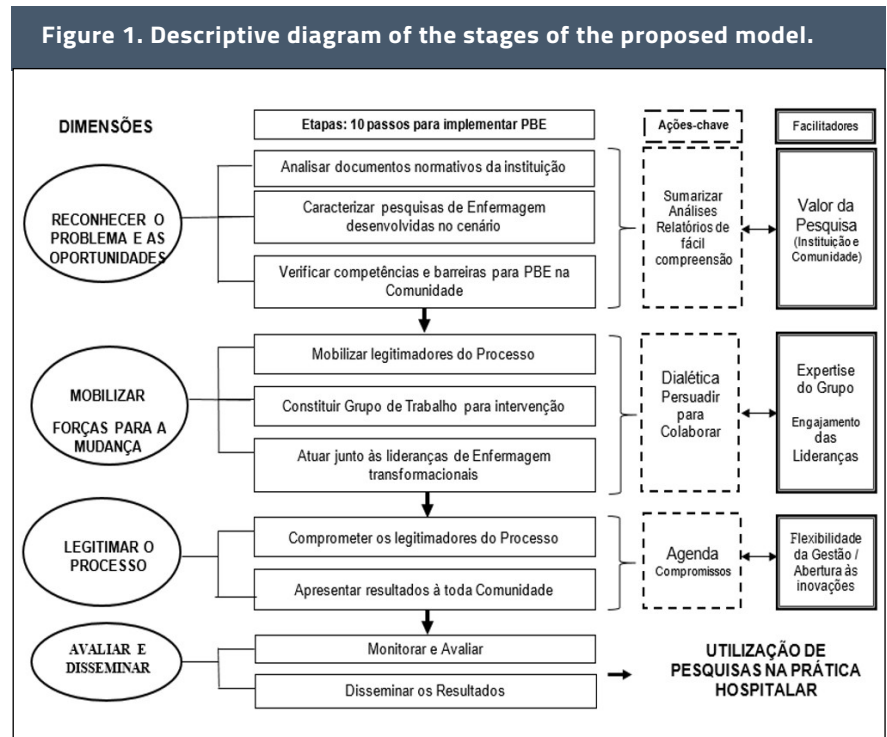
It should be noted that the hospital's strategic mission was to "Provide quality, interdisciplinary, and humanized healthcare to all citizens, integrated with teaching, research, and outreach." Its vocation was to provide excellent medium and high complexity care in the SUS. It was a healthcare reference for the macro-region of the Southern Triângulo Mineiro, comprising a population of 744,497 inhabitants. As an established guideline, one of the responsibilities of the workers at this institution is: [...] to encourage the production of scientific and technological knowledge within the hospital, through the promotion of research projects and the definition of guidelines⁽⁸⁾. In order to corroborate the confrontation of the macro-problem in hospitals, initiatives were developed to strengthen EBP among its community of nurses. The initiative focused on mobilizing: nursing managers, nursing teachers and researchers, nursing assistants, nursing residents, and nursing students in supervised internships (corresponding to the internship in the last period of their undergraduate studies). The competencies and barriers of this community to EBP were identified. Subsequently, an intervention was developed, guided by the Theory of Diffusion of Inno-

vation and hermeneutic-dialectics, to problematize this practice among nursing leaders and engage the hospital authority in legitimizing the process. The entire itinerary of this mobilization and implementation in the hospital organization and the relevant supporting documentation are described in detail in a thesis entitled: "Analysis of nursing research production and strategy for strengthening its use in teaching hospitals in the Minas Gerais triangle"⁽⁸⁾.

RESULTS

To compose the model, the results

of the previous stages were critically analyzed in order to identify which aspects enabled its implementation and the scope of changes in the hospital organization. In addition to the analytical comparison and summary of the base models. Next, a diagram was presented containing the dimensions and stages of the model, referred to here as: "Reconciliation model for the use of research in hospital nursing practice." In general, the model originating from the results of this research can be divided into four aspects and ten steps, as shown in Figure 1, to be presented below:



Source: Prepared by the authors, 2025. Uberaba, Minas Gerais, Brazil.

Dimension 1: Recognize the problem and opportunities

1. Recognize the opportunity in the hospital organization: analyze the institution's management regulatory documents that present the need to use research in practice.

2. Characterize the nursing re-

search developed in the hospital institution in terms of themes, methodology used, and the implementation of translation strategies used by researchers. Summarize these results analytically to detect the potential of the research developed to have its results transferred and/or support the resolution of daily demands of the nursing teams' work in the context of

the Teaching Hospital.

3. Conduct a survey to verify the competencies and barriers of the Nursing Community working at the Teaching Hospital for the use of research in practice. The use of valid instruments is recommended, and their application with researchers and/or teachers who undertake activities in the setting, nursing students at different levels of training who are immersed in the setting, and nursing managers, given the transformational potential of the reality they present. Summarize these results, analyzing the value of research for the Community, the main competencies and barriers to its use in different categories, and integrate them into the first document.

Dimension 2: Mobilize forces for change

4. Mobilize legitimizers of the process at the Teaching Hospital. Identify decision-makers within the organizational structure of the hospital and the affiliated educational institution who have the authority to enable the proposal to be carried out. Such as members of the hospital's senior management, course coordinators, and the university's rectorate system. Present a summary of the results and collectively identify the contributions of these legitimizers to the implementation, in the form of support and commitments.

5. Establish a specific working group with expertise to discuss the use of research in practice with nursing leaders who work closely with nursing care teams. The expertise of the working group should not only denote technical knowledge about the use of research in practice. The working group should be equipped to act with motivational and persuasive strategies for change. The working group is advised to act from a hermeneutic-dialectical perspective, with horizontal collective constructions

and open interactions.

6. Work with the transformational nursing leaders of the care teams. Identify nursing leaders who work closely with nursing care teams, who are characterized as people who encourage others to adopt care changes. This step is essential for a deeper understanding of the context and values of the teams for incorporating the use of research. The working group is advised to conduct its activities by approaching the theme, problematizing it, and constructing practical possibilities for implementing EBP in light of the governance of these individuals. Summarize the results analytically.

Dimension 3: Legitimize the process

7. Engage the legitimizers of the process. Present the results to decision-makers in order to build an agenda of local commitments and institutionalize initiatives to support the use of research in nursing practice. Consider the following aspects for the development of this agenda of commitments: integration of the teaching hospital's nursing teams in the development of research projects; ensure the translation of research as an action to be planned by researchers; encourage research that can support the problematization identified by transformational leaders; conceive this action as a teaching-service integration activity for professional training.

8. Present the results achieved to the entire hospital community. Promote meetings and spaces for collective discussion with other hospital managers, the nursing team, and the academic community to present the proposal, the results achieved, and the initiatives that have been legitimized. The importance of this action is revealed by the appropriation of the proposal by other members of the community, thereby stimulating

the development of other local initiatives.

Dimension 4: Evaluate and Disseminate

9. Monitor and Evaluate. Point out the repercussions of the model's development on the hospital organization. Monitor the Community's adoption of legitimate initiatives – observe whether there has been a real institutionalization of the use of research in the practice of the Hospital's nurses. Verify the strategies for incorporating this practice in the hospital's care and management units. This includes the development of projects considering the business strategy, the business case in the units, and the evaluation of ROI and VOI impact measures. Describe the results achieved.

10. Disseminate the results achieved to the scientific community. As PBE is a global challenge, with its implementation being particularly fragile in Latin America and the Caribbean, it is recommended that these results be shared to strengthen knowledge building on this topic.

Practical Application

This simulated case is presented as a suggested guide for future implementations, highlighting the importance of measuring healthcare and economic impacts to ensure institutional adherence and sustainability. It is presented in a file format that can guide its application (Table 1).

Table 1. Case File on the Application of the “Model for the Use of Research in Hospital Practice.” Uberaba, Minas Gerais, Brazil. 2025

Setting: A fictional public teaching hospital, linked to a Brazilian federal university, which serves exclusively through the Unified Health System. The hospital has 200 beds, is a reference in medium and high complexity for a region of approximately 800,000 inhabitants, and faces difficulties in integrating research, teaching, and care.

Objective of the Simulated Case: To demonstrate the application of the “Reconciliation Model for the Use of Research in Hospital Practice,” illustrating how each step can be operationalized to promote the implementation of EBP as a business strategy.

Dimension 1: Recognizing the Problem and Opportunities

Recognize the opportunity in the hospital organization: The hospital management identifies, in its Master Plan, the deficiency in the integration between research and healthcare practice. Institutional documents point to the need to “translate scientific knowledge into improvements in care.”

Characterize the nursing research developed: An internal survey reveals that, in the last 5 years, 60% of nursing research was dissertations or theses focused on clinical topics (e.g., pressure ulcer prevention, infection control), but only 20% had results implemented in practice.

Survey the skills and barriers of the nursing community: Application of a validated questionnaire to 120 professionals (nurses, residents, teachers, managers). Results: 70% believe in EBP, but only 30% implement it; Barriers: lack of time (80%), lack of institutional support (65%), lack of knowledge of knowledge translation methods (50%).

Dimension 2: Mobilizing Forces for Change

Mobilize legitimizers of the process: Meeting with hospital director, vice-dean of research, and nursing coordinator. Presentation of data showing the potential for quality improvement and cost reduction with EBP. Commitment made: creation of an institutional committee for EBP.

Form a working group with expertise: Composed of: 2 nurses with PhDs and experience in EBP, 1 hospital manager, 1 representative from the dean's office. The group adopts a dialectical approach to engage leaders.

Work with transformational leaders: Identification of 10 head nurses with a transformational profile. Thematic workshops on EBP and business case. Preparation of proposals for pilot projects in critical units (e.g., ICU, emergency room).

Dimension 3: Legitimizing the Process

Engage legitimizers: Meeting with the hospital's Executive Board. Approved proposal: internal call for PBE projects with a budget allocation of R\$ 150,000.00. Priority for projects with ROI and VOI potential.

Present results to the hospital community: Internal seminar with the participation of 200 professionals. Dissemination of approved projects and institutional commitments. Creation of a digital portal for transparency and monitoring.

Dimension 4: Evaluate and Disseminate

Monitor and evaluate:

Implementation of 3 pilot projects:

- Reduction of catheter-associated urinary tract infections (estimated reduction of 30% in 6 months);
- Protocol for preventing falls in the elderly;
- Improvement in hand hygiene compliance.

Preliminary ROI calculation: projected at 1.8 (return of R\$ 1.80 for every R\$ 1.00 invested).

VOI: improvement in organizational climate, reduction in nurse turnover.

Disseminate results: Submission of abstracts to national and international conferences. Publication of an article in an indexed journal on the model applied.

Results Achieved and Conclusion of the Simulated Case

Institutionalization of PBE in the hospital's strategic planning;

PBE culture under development, with 40% of the nursing team engaged; Projected savings of R\$ 270,000.00/year with reduction of adverse events; Strengthening of teaching-service integration.

Source: Prepared by the authors, 2025.

DISCUSSION

A survey of 115 executive directors and nursing managers at US hospitals revealed that approximately two-thirds of these leaders allocated less than 5% of their budget to EBP projects, and one-third allocated no funding at all. Hospitals that allocat-

ed more of their budgets to EBP had a stronger culture of using research in practice, fewer patient falls and injuries resulting from hospitalization, and lower nursing turnover. Hospitals that had a greater number of EBP mentors, professionals capable of guiding projects for continuous improvement based on evidence, also showed better results for patients⁽¹⁰⁾.

In general, establishing and ensuring the sustainability of a hospital organizational culture guided by PBE takes time. A substantial change in organizational culture can take 5 to 10 years. Persuasion and persistence, relying on transformational leaders assigned to PBE projects, and instilling a common and committed vision in hospital teams are crucial. Further-

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more, organizational transformation, in addition to organizational culture, requires financial investments to achieve positive ROI and VOI. It is not possible to improve the quality of care, patient safety, and hospital cost optimization without financial investment in EBP^(10,11). Addressing the business strategy dimension of public teaching hospitals is crucial when considering the context of health system financing, such as that of one of the largest universal social protection systems in health in the world, which is the SUS itself. And financial sustainability for the implementation of EBP in hospitals is considered one of the main concerns of nurse managers, or other institutional nursing leaders, working in public hospitals⁽¹¹⁻¹⁴⁾.

The limitations of the research are inherent to the theoretical-empirical nature of this case report. They lie in the fact that the proposed model has not yet been replicated and subjected to psychometric validation. Furthermore, the model is contextualized in teaching hospitals, which requires adaptations to other hospital types. In addition, the measurement of financial metrics (ROI and VOI), although proposed, lacks practical tests to validate calculations appropriate to the economic and financial reality of the Brazilian public health system.

The case report presents an innovative proposal with important contributions to nursing and health sciences, especially in the field of EBP implementation and sustainability. The proposal for a contextualized theoretical-empirical model for public teaching hospitals, such as those in the SUS, fills a gap identified in the literature, especially in Latin America and Africa, where there is a lack of models and *frameworks* adapted to their particularities. In addition, the Reconciliation Model integrates organizational, educational, and economic dimensions, incorporating business strategy and ROI and VOI assessment, which can increase the engagement of decision-makers in resource allocation. It should be added that the dialectical approach and emphasis on transformational leadership offer the strategy—an innovative path for promoting sustainable changes in hospital nursing. Finally, the detailed simulated case serves as a practical and replicable guide for future implementations, fostering integration between research, teaching, and care. No national models were identified, making this the first proposal for the implementation of EBP among nurses in public teaching hospitals.

CONCLUSION

This report presents an innovative proposal, the case of the development of the "Reconciliation Model" - an empirical theoretical model represented by a simplified *framework*, composed of four dimensions guiding the action and only ten steps or stages to conduct the implementation of EBP in the hospital context. The dialectical approach and the involvement of transformational leaders are central elements, enabling the construction of a hospital organizational culture guided by EBP. Although the model still needs validation, its flexible and contextualized structure offers a promising starting point for transforming challenges into opportunities for continuous improvement and a business plan for hospital nursing. It is recommended that future studies for its psychometric validation, testing, and replication in other scenarios evaluate its healthcare and economic impacts and adapt its stages according to the particularities of each institution. The dissemination of experiences, such as the replication of this model, will be fundamental to consolidate EBP in public teaching hospitals and strengthen hospital nursing care and evidence-based health systems.

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There is no conflict of interest.