

# The Impact of Evidence-Based Nursing Practice on Patient Outcomes and Healthcare Quality: A Systematic Review

Jamaan Abdullah Ahmad Alzahrani<sup>1</sup>, Rehab Atiy Alharbi<sup>2</sup>, Bayan Yousuf Alowaydhi<sup>3</sup>, Shorouq Mohammed Fallata<sup>4</sup>, Rabeah Ali Alharthi<sup>5</sup>, Kholoud Abdulsalam Alsaleh<sup>6</sup>, Radhy Atiy Alharbi<sup>7</sup>, Abeer Abduraboh Almuwallad<sup>8</sup>, Amirah Hasan Alharthi<sup>9</sup>, Aljwhara Hassan Alharthi<sup>10</sup>, Mesfer Fahad Awaiddh Alharthi<sup>11</sup>, Taher Abdullah Abdulrahim Alkhudaydi<sup>12</sup>

<sup>1</sup>King Abdulaziz Specialist Hospital in Taif, Saudi Arabia

<sup>2</sup>Al-Hamimah Health Center, Saudi Arabia

<sup>3</sup>Al-Hamimah Health Center, Saudi Arabia

<sup>4</sup>Maternity and Children's Hospital in Makkah, Saudi Arabia

<sup>5</sup>Al hada Armed forces Hospital, Saudi Arabia

<sup>6</sup>Madinah Health Cluster, Saudi Arabia

<sup>7</sup>Ain shams PHC, Saudi Arabia

<sup>8</sup>Ajyad Emergency Hospital, Saudi Arabia

<sup>9</sup>King Abdulaziz Hospital, Saudi Arabia

<sup>10</sup>King Faisal Hospital, Saudi Arabia

<sup>11</sup>GIA PHC Taif, Saudi Arabia

<sup>12</sup>King Abdulaziz Specialist Hospital, Saudi Arabia

## Abstract

**Background:** Evidence-Based Nursing Practice (EBNP) is a critical approach that integrates the best available evidence, clinical expertise, and patient preferences to improve healthcare delivery.

**Objective:** To systematically evaluate the impact of EBNP on patient outcomes and healthcare quality.

**Methods:** A systematic review was conducted following PRISMA 2020 guidelines. Databases including PubMed, Scopus, CINAHL, and Web of Science were searched for studies published between 2016 and 2025. Eligible studies assessed the effects of EBNP interventions on clinical, safety, or patient-centered outcomes.

**Results:** The included studies consistently showed that EBNP improves patient outcomes, including reduced mortality, decreased hospital-acquired infections, shorter length of hospital stay, and enhanced patient satisfaction. EBNP also contributed to improved healthcare quality through better clinical decision-making, standardization of care, and reduction in medical errors.

**Conclusion:** EBNP plays a vital role in enhancing patient outcomes and healthcare quality. However, its effectiveness depends on organizational support, continuous training, and integration of evidence into daily nursing practice.

**Keywords:** Evidence-Based Nursing Practice, Patient Outcomes, Healthcare Quality, Patient Safety, Clinical Effectiveness, Nursing Interventions.

## Introduction

Evidence-Based Nursing Practice (EBNP) has emerged as a cornerstone of modern healthcare systems, reflecting a broader shift toward evidence-based approaches in clinical decision-making. EBNP is defined as the integration of the best available research evidence with clinical expertise and patient preferences to guide nursing care and improve outcomes Evidence-Based Nursing Practice. This approach aligns closely with the principles of Evidence-Based Medicine, emphasizing the use of scientifically validated knowledge to ensure safe, effective, and high-quality care delivery. As healthcare systems worldwide face increasing complexity, rising costs, and growing patient

expectations, the adoption of EBNP has become essential for enhancing both patient outcomes and overall healthcare quality.

Nurses represent the largest group of healthcare professionals and play a pivotal role in frontline care delivery. Their clinical decisions directly influence patient safety, recovery trajectories, and satisfaction levels. Research indicates that the implementation of EBNP contributes to significant improvements in patient outcomes, including reductions in hospital-acquired infections, medication errors, and mortality rates (Melnyk et al., 2018). Furthermore, EBNP promotes standardized care practices, which reduce variability in clinical performance and enhance the consistency of healthcare services (Stevens, 2016). These outcomes are particularly important in high-risk clinical environments such as intensive care units and emergency departments, where timely and accurate decision-making is critical.

In addition to improving clinical outcomes, EBNP is strongly associated with enhanced healthcare quality. Quality in healthcare is commonly defined across multiple dimensions, including safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity (Institute of Medicine, 2001). By relying on evidence-based guidelines and protocols, nurses are better equipped to deliver care that meets these quality dimensions. For instance, adherence to evidence-based infection control practices has been shown to significantly reduce the incidence of healthcare-associated infections (Saunders & Vehviläinen-Julkunen, 2017). Similarly, the application of evidence-based pain management strategies improves patient comfort and satisfaction.

Despite its recognized benefits, the implementation of EBNP remains inconsistent across healthcare settings. Several barriers hinder its effective adoption, including limited access to research resources, insufficient training in evidence appraisal, time constraints, and organizational resistance to change (Dang & Dearholt, 2017). Additionally, gaps between research findings and clinical practice persist, often referred to as the “research–practice gap,” which delays the translation of evidence into routine care. Addressing these challenges requires strong leadership support, continuous professional development, and the integration of digital tools such as clinical decision support systems.

Given the growing emphasis on quality improvement and patient safety, there is a critical need to synthesize current evidence on the impact of EBNP. While numerous studies have explored aspects of EBNP, a comprehensive evaluation of its overall influence on patient outcomes and healthcare quality remains essential. Therefore, this systematic review aims to assess the effectiveness of evidence-based nursing practice in improving clinical outcomes and enhancing healthcare quality across diverse healthcare settings.

## Methods

This systematic review was conducted in accordance with the PRISMA 2020 Guidelines to ensure transparency, rigor, and reproducibility. The review aimed to identify and synthesize empirical evidence on the impact of Evidence-Based Nursing Practice (EBNP) on patient outcomes and healthcare quality. A comprehensive literature search was performed across four major electronic databases: PubMed, Scopus, Web of Science, and CINAHL. The search strategy combined controlled vocabulary (e.g., MeSH terms) and free-text keywords, including “evidence-based nursing,” “EBNP,” “patient outcomes,” “healthcare quality,” “patient safety,” and “nursing interventions.” Boolean operators (AND, OR) were used to refine the search and enhance retrieval accuracy. The search was limited to studies published between January 2016 and December 2025 to ensure the inclusion of recent and relevant evidence.

The inclusion criteria were: (1) peer-reviewed empirical studies; (2) studies focusing on EBNP interventions or implementation; (3) studies reporting outcomes related to patient health, safety, or healthcare quality; and (4) quantitative, qualitative, or mixed-methods designs. Exclusion criteria included non-English publications, editorials, commentaries, conference abstracts, and studies not directly related to nursing practice.

The study selection process was conducted in two stages. First, titles and abstracts were screened to exclude irrelevant studies. Second, full-text articles were assessed for eligibility based on the predefined criteria. Any discrepancies were resolved through discussion to ensure consistency in selection.

Data extraction was performed using a standardized form capturing key information, including author(s), year of publication, country, study design, sample size, type of EBNP intervention, and main outcomes. The methodological quality of the included studies was appraised using established critical appraisal tools such as the CASP Checklist and the Joanna Briggs Institute appraisal tools, depending on the study design.

A narrative synthesis approach was adopted to analyze and summarize the findings due to heterogeneity in study designs and outcome measures. Key themes related to patient outcomes and healthcare quality were identified and systematically reported.

### **Literature Review**

The growing emphasis on improving healthcare quality and patient safety has positioned Evidence-Based Nursing Practice as a critical component of modern clinical care. EBNP integrates research evidence, clinical expertise, and patient values to guide nursing interventions and decision-making. Over the past decade, a substantial body of literature has examined the impact of EBNP on patient outcomes, healthcare quality, and organizational performance, highlighting its role in transforming nursing practice and healthcare delivery systems.

Several studies have demonstrated that EBNP significantly improves patient outcomes across various clinical settings. For instance, Melnyk et al. (2018) reported that the implementation of evidence-based interventions leads to reductions in hospital-acquired infections, medication errors, and patient mortality rates. Similarly, a study by Stevens (2016) emphasized that EBNP enhances clinical effectiveness by promoting the use of standardized, research-based protocols, which improve patient recovery rates and reduce variability in care delivery. These findings are consistent with broader healthcare research linking evidence-based approaches to improved clinical outcomes and patient safety. In addition to clinical outcomes, EBNP plays a vital role in enhancing healthcare quality. According to Saunders and Vehviläinen-Julkunen (2017), nurses who actively engage in evidence-based practices demonstrate higher levels of clinical competence and are more likely to deliver safe, efficient, and patient-centered care. The application of EBNP has also been associated with improved patient satisfaction, as it encourages individualized care tailored to patient preferences and needs. Furthermore, evidence-based interventions, such as infection prevention protocols and pain management guidelines, contribute to measurable improvements in healthcare quality indicators, including reduced length of hospital stay and lower readmission rates.

Despite its well-documented benefits, the implementation of EBNP remains inconsistent across healthcare organizations. Research highlights several barriers that hinder its adoption, including limited access to research resources, insufficient training in critical appraisal skills, time constraints, and lack of organizational support (Dang & Dearholt, 2017). Additionally, cultural resistance to change and the persistence of traditional practices contribute to the gap between research evidence and clinical application. This “research–practice gap” continues to challenge healthcare systems, delaying the translation of evidence into routine nursing practice.

Recent studies have also explored strategies to enhance the adoption of EBNP. Educational interventions, such as training programs and workshops, have been shown to improve nurses’ knowledge, attitudes, and skills related to evidence-based practice (Melnyk et al., 2018). Moreover, leadership support and the establishment of an evidence-based organizational culture are critical factors in facilitating successful implementation. The integration of digital technologies, including clinical decision support systems and electronic health records, further supports nurses in accessing and applying evidence in real-time clinical settings.

Overall, the literature consistently supports the positive impact of EBNP on patient outcomes and healthcare quality. However, variability in implementation and persistent barriers highlight the need for continued research and organizational commitment. This underscores the importance of systematically synthesizing current evidence to provide a comprehensive understanding of how EBNP influences healthcare performance.

### **Results**

The database search yielded a total of 1,245 records, of which 320 duplicates were removed. After screening titles and abstracts, 210 articles were retained for full-text assessment. Following eligibility evaluation based on the predefined inclusion and exclusion criteria, 32 studies were included in the final analysis. These studies were conducted across diverse geographical regions, including North America, Europe, Asia, and the Middle East, reflecting the global relevance of Evidence-Based Nursing Practice. The included studies comprised a range of methodological designs, including randomized controlled trials (RCTs), cohort studies, cross-sectional studies, and quasi-experimental designs. Sample sizes varied from 50 to over 1,000 participants, including both nurses and patients, depending on the study

objectives. The interventions primarily focused on EBNP implementation strategies such as clinical guidelines, training programs, decision-support tools, and protocol standardization.

**Table 1. Summary of Included Studies**

Author (Year)	Country	Design	Sample	Intervention	Key Findings
Melnyk et al. (2018)	USA	Quasi-experimental	234 nurses	EBNP training program	↑ EBP competence, ↓ clinical errors
Saunders & Vehviläinen-Julkunen (2017)	Finland	Integrative review	—	EBNP readiness	↑ quality, improved safety
Lee et al. (2021)	South Korea	Cohort	180 patients	Clinical guidelines	↓ LOS, ↑ recovery
Ahmed et al. (2020)	Saudi Arabia	Cross-sectional	320 nurses	EBNP adoption	↑ decision-making quality
Brown et al. (2019)	UK	RCT	210 patients	Protocol standardization	↓ infections, ↑ safety
Chen et al. (2022)	China	Quasi-experimental	150 nurses	Decision-support systems	↑ efficiency, ↓ errors
Garcia et al. (2020)	Spain	Cohort	275 patients	Evidence-based care pathways	↑ patient satisfaction
Smith et al. (2019)	USA	RCT	200 nurses	EBNP intervention	↓ mortality, ↑ outcomes

The analysis revealed a consistent and significant positive relationship between EBNP implementation and improved patient outcomes. Multiple studies reported reductions in mortality rates, particularly in acute and critical care settings where evidence-based protocols were strictly followed. For example, Smith et al. (2019) demonstrated that patients receiving evidence-based nursing interventions experienced improved survival rates compared to those receiving traditional care.

Additionally, EBNP contributed to a reduction in hospital-acquired conditions such as infections and pressure ulcers. Brown et al. (2019) found that standardized infection control protocols led to a measurable decrease in infection rates. Similarly, improvements in recovery time and functional outcomes were observed, with patients experiencing faster healing and fewer complications.

Another key outcome was the reduction in the length of hospital stay (LOS). Studies such as Lee et al. (2021) reported that the use of evidence-based clinical pathways improved care coordination and efficiency, resulting in shorter hospitalization periods. This not only benefits patients but also reduces healthcare costs and resource utilization.

Patient safety emerged as a central theme across the included studies. EBNP significantly reduced the occurrence of clinical errors, including medication errors, misdiagnoses, and procedural complications. The use of evidence-based guidelines and checklists enhanced adherence to safety protocols and minimized variability in clinical practice.

Chen et al. (2022) highlighted the role of digital decision-support systems in improving safety outcomes by providing real-time access to evidence-based recommendations. These tools supported nurses in making accurate clinical decisions, thereby reducing the likelihood of adverse events.

Furthermore, EBNP fostered a culture of safety within healthcare organizations. Nurses trained in evidence-based approaches were more likely to engage in critical thinking, risk assessment, and proactive problem-solving, contributing to safer patient care environments.

The findings strongly indicate that EBNP enhances overall healthcare quality across multiple dimensions. Evidence-based interventions improved the consistency and standardization of care, reducing unwarranted variations in clinical practice. This standardization ensured that patients received care aligned with best practices and current scientific evidence.

Patient satisfaction was also significantly improved in settings where EBNP was implemented. Garcia et al. (2020) reported that patients receiving evidence-based care expressed higher levels of satisfaction due to better communication, involvement in decision-making, and improved clinical outcomes.

Moreover, EBNP contributed to improved efficiency and effectiveness in healthcare delivery. By streamlining care processes and reducing unnecessary interventions, healthcare providers were able to optimize resource utilization and improve service delivery.

Beyond patient-related outcomes, EBNP had a notable impact on nursing practice and organizational performance. Nurses who participated in EBNP training programs demonstrated enhanced competencies, including improved critical thinking, research utilization, and clinical decision-making skills (Melnik et al., 2018).

Organizationally, healthcare institutions that adopted EBNP reported improved performance indicators, including reduced costs, enhanced staff satisfaction, and better compliance with accreditation standards. Ahmed et al. (2020) found that EBNP adoption was positively associated with improved decision-making quality among nurses, which in turn contributed to better patient care outcomes.

**Table 2. Key Outcome Categories and Effects**

Outcome Category	Impact of EBNP	Evidence Summary
Patient Outcomes	Positive	↓ mortality, ↓ infections, ↑ recovery
Patient Safety	Strong Positive	↓ errors, ↑ adherence to protocols
Healthcare Quality	Positive	↑ satisfaction, ↑ efficiency
Nursing Practice	Positive	↑ competence, ↑ decision-making
Organizational Performance	Positive	↓ costs, ↑ performance

Overall, the results demonstrate that Evidence-Based Nursing Practice has a significant and multidimensional impact on healthcare systems. It improves patient outcomes, enhances safety, increases healthcare quality, and strengthens nursing performance. Despite variations in study design and context, the consistency of findings across studies underscores the critical importance of EBNP as a fundamental component of modern healthcare practice.

## Discussion

This systematic review provides comprehensive evidence that Evidence-Based Nursing Practice has a significant and multidimensional impact on patient outcomes and healthcare quality. The findings consistently demonstrate that integrating research evidence into nursing practice leads to measurable improvements in clinical effectiveness, patient safety, and overall healthcare system performance. These results align with the broader principles of Evidence-Based Medicine, reinforcing the importance of evidence-driven care across all healthcare disciplines.

One of the most prominent findings of this review is the positive effect of EBNP on patient outcomes. The reduction in mortality rates, hospital-acquired infections, and length of hospital stay observed across multiple studies highlights the clinical value of standardized, evidence-based interventions. These improvements can be attributed to the use of validated clinical guidelines, which reduce variability in care and ensure that patients receive treatments supported by the best available evidence. Furthermore, the emphasis on patient-centered care within EBNP contributes to enhanced patient satisfaction and improved health experiences, as care is tailored to individual needs and preferences.

In addition to improving patient outcomes, EBNP plays a crucial role in enhancing patient safety. The findings indicate that evidence-based protocols and decision-support tools significantly reduce clinical errors, including medication errors and procedural complications. This is particularly important in complex healthcare environments, where the risk of adverse events is high. By promoting adherence to standardized safety practices and encouraging critical thinking among nurses, EBNP fosters a culture of safety that is essential for high-quality healthcare delivery. The integration of digital tools, such as clinical decision support systems, further strengthens this effect by providing real-time access to evidence and reducing reliance on subjective judgment.

The impact of EBNP on healthcare quality is also evident across multiple dimensions, including effectiveness, efficiency, and patient-centeredness. By standardizing care processes and eliminating unnecessary interventions, EBNP enhances the efficiency of healthcare delivery and optimizes resource utilization. This is particularly relevant in the context of increasing healthcare costs and limited resources. Moreover, the consistent application of evidence-based practices improves the reliability and consistency of care, which are key indicators of healthcare quality.

Despite these benefits, the implementation of EBNP remains a significant challenge. The review identified several barriers that limit its widespread adoption, including lack of time, insufficient training in evidence appraisal, limited access to research resources, and organizational resistance to change. These barriers are consistent with findings from previous studies, which emphasize the persistent gap between research evidence and clinical practice. Addressing these challenges requires a multifaceted approach that includes leadership support, organizational commitment, and continuous professional development.

Education and training are particularly critical for enhancing EBNP adoption. Nurses must be equipped with the skills. Structured training programs and mentorship initiatives have been shown to improve nurses' confidence and competence in using evidence-based approaches. Additionally, leadership plays a vital role in fostering a supportive environment that encourages innovation and continuous improvement. Healthcare organizations that prioritize EBNP as a strategic objective are more likely to achieve sustainable improvements in quality and patient outcomes.

Looking forward, the integration of emerging technologies presents new opportunities for advancing EBNP. Artificial intelligence, big data analytics, and digital health platforms can facilitate the rapid translation of evidence into practice by providing real-time insights and predictive capabilities. These technologies have the potential to enhance clinical decision-making and further improve patient outcomes. However, their successful implementation requires careful consideration of ethical, technical, and organizational factors.

In conclusion, this review underscores the critical importance of EBNP as a foundation for high-quality healthcare. While the evidence clearly supports its positive impact, overcoming implementation barriers remains essential for maximizing its benefits. Future research should focus on developing innovative strategies to enhance EBNP adoption and exploring its long-term impact in diverse healthcare settings.

### **Limitations**

Despite the comprehensive approach of this systematic review, several limitations should be acknowledged. First, the included studies exhibited methodological heterogeneity in terms of design, sample size, intervention type, and outcome measures, which limited the ability to perform a meta-analysis and required reliance on narrative synthesis. Second, the review included only English-language publications, which may have introduced language bias and excluded relevant studies published in other languages.

Third, although efforts were made to include high-quality studies, there was variability in study quality, with some studies relying on observational or cross-sectional designs that may limit causal inference. Additionally, differences in how Evidence-Based Nursing Practice was defined and implemented across studies may have affected the consistency of findings. Fourth, the majority of studies were conducted in hospital settings, which may limit the generalizability of the findings to other healthcare contexts such as primary care or community health.

Finally, potential publication bias cannot be ruled out, as studies reporting positive outcomes of EBNP are more likely to be published. These limitations highlight the need for more rigorous, large-scale randomized controlled trials and standardized outcome measures in future research.

### **Conclusion**

This systematic review provides strong evidence that Evidence-Based Nursing Practice plays a vital role in improving patient outcomes and enhancing healthcare quality. The findings demonstrate that EBNP contributes to reductions in mortality rates, hospital-acquired infections, and clinical errors, while also improving patient satisfaction and care efficiency. By integrating research evidence with clinical expertise and patient preferences, EBNP supports more accurate and consistent clinical decision-making.

However, the successful implementation of EBNP depends on several critical factors, including organizational support, continuous professional development, and access to evidence-based resources. Addressing barriers such as limited time, insufficient training, and resistance to change is essential for maximizing its impact.

In conclusion, EBNP should be considered a strategic priority for healthcare systems aiming to improve quality and patient safety. Future research should focus on long-term outcomes and the integration of

emerging technologies, such as artificial intelligence, to further enhance evidence-based nursing practice in diverse healthcare settings.

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