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**BARRIERS TO EVIDENCE-BASED PRACTICE AMONG  
OPHTHALMOLOGY NURSES IN PANGASINAN: A  
PHENOMENOLOGICAL STUDY**

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**ABSTRACT**

Evidence-Based Practice (EBP) is recognized as an essential component of safe, high-quality, and patient-centered nursing care because it integrates current research evidence, clinical expertise, and patient preferences into clinical decision-making. Despite its importance, the implementation of EBP in specialized areas such as ophthalmology nursing remains inconsistent due to professional and organizational challenges. This study explored the lived experiences of ophthalmology nurses regarding the barriers and support systems influencing the implementation of EBP in clinical practice. The study utilized a qualitative descriptive-phenomenological approach using Colaizzi's descriptive phenomenological analysis. Ten ophthalmology nurses from selected public and private hospitals and ophthalmology clinics in Pangasinan participated through purposive sampling. Data were gathered through semi-structured, in-depth interviews. Four major themes emerged from the analysis: (1) Structural and Professional Barriers to Evidence-Based Practice, (2) Organizational and Collaborative Support Systems in EBP Implementation, (3) Influence of Evidence-Based Practice on Clinical Decision-Making and Patient Care, and (4) Evidence-Based Practice as a Foundation for Safe Ophthalmic Nursing Care. Findings revealed that ophthalmology nurses value EBP as a guide for safe and effective patient care; however, inadequate specialty-specific training, limited access to resources, workload pressures, and insufficient institutional support continue to affect its consistent implementation. The study highlights the importance of strengthening professional development, mentorship, leadership support, and access to

evidence-based resources to improve evidence utilization and promote safer ophthalmology nursing practice.

**KEYWORDS:** Evidence-Based Practice, Ophthalmology Nursing, Clinical Guidelines, Professional Development.

## **CHAPTER 1**

### **INTRODUCTION**

#### **Background of the Study**

Evidence-Based Practice (EBP) has become a fundamental standard in healthcare because it promotes the integration of research evidence, clinical expertise, and patient preferences into clinical decision-making. In nursing, EBP supports safe, effective, and patient-centered care while improving healthcare outcomes.

Globally, healthcare institutions continue to strengthen EBP implementation to improve patient safety and healthcare quality. Specialized nursing fields, including ophthalmology nursing, require advanced technical competence, rapid clinical judgment, and adherence to updated standards of care. Ophthalmology nurses perform responsibilities such as perioperative care, medication administration, infection prevention, patient education, and postoperative monitoring.

Despite the importance of EBP, its implementation remains inconsistent because of insufficient training, limited access to resources, heavy workloads, inadequate institutional support, and reduced confidence in research utilization. These concerns become more significant in specialized settings such as ophthalmology nursing where opportunities for specialty-focused education are limited.

In the Philippines, EBP has gained increasing recognition in healthcare and nursing education. However, healthcare institutions continue to experience staffing shortages, increased workloads, and limited access to evidence-based resources, especially after the COVID-19 pandemic. These challenges may directly affect the delivery of safe and effective ophthalmology care.

Although studies have explored EBP among nurses in general settings, limited research specifically examines ophthalmology nurses' experiences regarding barriers to EBP implementation in the Philippine context. This study was therefore conducted to explore ophthalmology nurses' lived experiences regarding barriers and support systems influencing EBP implementation.

## Theoretical Framework

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

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

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

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

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

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

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

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

In this study, facilitation was reflected in interview questions that explored how participants received guidance, mentorship, supervision, and support in implementing EBP. Participants frequently described relying on senior staff, teamwork, institutional protocols, and leadership support when performing unfamiliar procedures or making clinical decisions. These findings demonstrated the important role of facilitation in helping nurses bridge the gap between theoretical knowledge and actual clinical application.

The facilitation component was particularly relevant in ophthalmology nursing, as participants identified limited specialty-specific preparation and rapidly evolving clinical technologies as major challenges to EBP implementation. Effective facilitation through mentorship, training opportunities, and professional support systems, therefore, became essential to helping nurses adapt to specialized clinical demands and maintain safe patient care.

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

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

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

### **Conceptual Framework**

The conceptual framework illustrates how ophthalmology nurses experience barriers and support systems affecting EBP implementation. Barriers identified include insufficient specialty-specific training, limited access to resources, heavy workload, inadequate organizational support, and reduced confidence in evidence utilization.

Support systems such as mentorship, teamwork, leadership support, and clinical guidelines help nurses continue implementing evidence-informed care. These factors collectively influence workflow efficiency, patient safety, clinical decision-making, and quality of ophthalmology nursing care.

### **Statement of the Problem**

This study aimed to explore ophthalmology nurses' lived experiences regarding barriers and facilitators influencing the implementation of Evidence-Based Practice in clinical settings.

Specifically, it sought to answer the following questions:

What barriers do ophthalmology nurses experience in implementing Evidence-Based Practice?

How do facilitators support the use of Evidence-Based Practice among ophthalmology nurses?

How do these barriers and facilitators influence clinical decision-making and patient care?

What meanings do ophthalmology nurses attribute to Evidence-Based Practice in their daily work?

What intervention program may be proposed to strengthen EBP implementation among ophthalmology nurses?

### **Significance of the Study**

The findings of the study may benefit ophthalmology nurses, healthcare institutions, nursing educators, nurse leaders, and future researchers. The study may contribute to improving EBP implementation through strengthened training, mentorship, leadership support, and evidence-based organizational policies.

## **CHAPTER 2**

### **METHODOLOGY**

#### **Research Design**

This study employed a qualitative descriptive-phenomenological design using Colaizzi's method of analysis. Descriptive phenomenology was appropriate because the study aimed to explore and describe ophthalmology nurses' lived experiences regarding EBP implementation.

The study was guided by the PARIHS framework, which supported the interpretation of findings related to evidence, organizational context, and facilitation.

### **Research Locale and Participants**

The study was conducted in selected public and private hospitals and ophthalmology clinics in Pangasinan. Participants were ophthalmology nurses actively engaged in specialized ophthalmology care.

Purposive sampling was used to select participants who had direct experience with EBP implementation in ophthalmology settings. Inclusion criteria included:

Active assignment in ophthalmology nursing practice

At least one year of ophthalmology nursing experience

Willingness to participate voluntarily

Ten ophthalmology nurses participated in the study. Data collection continued until data saturation was achieved.

### **Data Gathering Tool**

Data were gathered through semi-structured, in-depth interviews. The interview guide focused on participants' experiences regarding:

Specialty-specific training

Organizational support

Workload conditions

Mentorship

Evidence utilization

Clinical decision-making

Patient safety

Interviews lasted approximately 30–60 minutes and were audio-recorded with participants' informed consent.

### **Data Gathering Procedure**

Ethical clearance and institutional permissions were secured before data collection. Participants were informed about the purpose of the study and their rights before signing informed consent forms.

Interviews were conducted in private settings to ensure confidentiality. Field notes were also recorded to capture nonverbal behaviors and contextual observations.

### **Treatment of Data**

The collected data were analyzed using Colaizzi's seven-step descriptive phenomenological method. The process included:

Reading and familiarization with transcripts

Extraction of significant statements

Formulation of meanings

Clustering of themes

Development of exhaustive descriptions

Identification of the phenomenon's fundamental structure

Validation through member checking

Trustworthiness of the Study

The study applied the criteria of credibility, dependability, confirmability, and transferability.

Credibility was ensured through member checking and verbatim transcription.

Dependability was maintained through systematic documentation.

Confirmability was strengthened through reflective journaling.

Transferability was supported through detailed descriptions of participants and research settings.

## **CHAPTER 3**

### **RESULTS AND DISCUSSION**

Using Colaizzi's descriptive phenomenological analysis, four major themes emerged from the participants' narratives.

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

Participants identified several barriers affecting EBP implementation, including insufficient specialty-specific training, limited research exposure, restricted access to resources, heavy workloads, and reduced professional confidence.

One participant stated:

“Kulang sa training at hindi specific sa ophthalmology.” (P6)

This finding suggests that ophthalmology nurses often rely on experiential learning because of limited formal specialty preparation. Participants also described limited access to evidence-based resources.

“Internet lang at manuals ang ginagamit namin.” (P7)

The findings indicate that inadequate organizational resources affect nurses' ability to engage in evidence-informed decision-making.

Heavy workload and workflow inefficiencies were also identified as barriers.

“Nagkakagulo ang workflow kapag maraming patients.” (P7)

Participants further expressed reduced confidence during unfamiliar procedures.

“Hindi kami confident sa ginagawa namin.” (P7)

The findings demonstrate that EBP barriers are multidimensional and influenced by both professional and organizational conditions.

### **Theme 2: Organizational and Collaborative Support Systems in EBP Implementation**

Despite barriers, participants identified support systems that strengthened EBP implementation. Leadership support, teamwork, mentorship, and clinical guidelines were identified as important facilitators.

Participants emphasized the role of leadership support:

“Full support from management.” (P6)

Team collaboration also strengthened evidence-based care.

“Kailangan mo ng kasama—teamwork.” (P7)

Mentorship from senior staff helped nurses manage unfamiliar procedures.

“Nagtatanong sa senior staff.” (P3)

Participants also emphasized the importance of institutional protocols.

“Standard protocol na finafollow namin.” (P8)

The findings suggest that supportive workplace environments help nurses continue implementing EBP despite existing limitations.

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

Participants described EBP as improving workflow organization, patient safety, and clinical decision-making.

One participant explained:

“Mas mabilis at organized ang workflow kapag may EBP.” (P7)

Participants also emphasized that adherence to evidence-based procedures helps prevent complications.

“Hindi ko ina-allow mag-skip ng step para maiwasan complications.” (P9)

The findings indicate that EBP contributes to organized clinical processes, reduced variability in care, and improved patient safety.

However, participants also acknowledged that workload pressures and limited preparation occasionally affect the consistency of EBP implementation.

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

Participants viewed EBP as a guide for delivering safe and effective patient care.

“Guide sa pag-apply ng quality services sa patient.” (P1)

Participants associated EBP with protocol-based nursing practice.

“By the book lahat ng ginagawa namin.” (P3)

The findings indicate that ophthalmology nurses perceive EBP as an essential component of professional accountability, patient safety, and quality care.

Participants also emphasized that EBP is developed through education, training, and clinical experience.

Overall, the findings demonstrate that EBP has become integrated into the professional identity and responsibilities of ophthalmology nurses.

The study revealed that ophthalmology nurses recognize the importance of EBP but continue to experience barriers related to training, workload, resource access, and organizational support.

The proposed intervention program aims to strengthen EBP implementation through specialty-focused education, mentorship, leadership support, collaborative learning, and continuous professional development.

**General Objective**

The program aims to strengthen the implementation of Evidence-Based Practice among ophthalmology nurses through education, mentorship, organizational support, and professional development.

**Specific Objectives**

Strengthen nurses’ competencies in evidence utilization.

Improve access to evidence-based resources.

Promote mentorship and collaborative learning.

Enhance leadership support for EBP.

Improve patient safety and quality care.

**Proposed Activities**

EBP workshops and seminars

Ophthalmology specialty training

Mentorship programs

Journal clubs and case discussions  
Clinical guideline orientation  
Leadership development activities

## **CHAPTER 4**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **Conclusions**

This study explored ophthalmology nurses' lived experiences regarding the implementation of Evidence-Based Practice in clinical settings.

The findings revealed that although ophthalmology nurses recognize EBP as essential for safe and high-quality patient care, its implementation is affected by several barriers, including insufficient specialty-specific training, limited research exposure, restricted access to resources, workload pressures, and reduced confidence.

Despite these barriers, leadership support, teamwork, mentorship, and clinical guidelines helped nurses continue applying evidence-based interventions in practice.

The study further revealed that EBP positively influences workflow organization, clinical decision-making, patient safety, and quality of care. Participants viewed EBP as a practical framework that guides safe and effective ophthalmology nursing practice.

The study concludes that strengthening EBP implementation requires continuous professional development, improved access to resources, mentorship, supportive leadership, and institutional commitment.

#### **RECOMMENDATIONS**

##### **Clinical Practice**

Healthcare institutions should strengthen ophthalmology-specific protocols and encourage evidence-based clinical decision-making.

##### **Nursing Education**

Nursing schools should strengthen EBP integration into nursing curricula and provide specialty-focused learning opportunities.

##### **Professional Development**

Healthcare institutions should provide regular workshops, seminars, mentorship, and specialty training programs.

##### **Healthcare Institutions**

Hospitals should improve access to updated journals, research databases, and clinical guidelines.

#### Leadership and Policy

Nurse leaders should promote supportive workplace environments that encourage evidence utilization and professional growth.

### **FUTURE RESEARCH**

Future studies may involve larger populations and explore quantitative relationships between EBP competencies, organizational support, and patient outcomes.

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