



FACTORS AFFECTING NURSES' ATTITUDES TOWARDS EVIDENCE-BASED PRACTICE: A UNIVERSITY HOSPITAL AND PUBLIC HOSPITAL CASE

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Abstract

Objective: The aim of this study is to examine the relationship between nurses' attitudes toward evidence-based practice and organizational variables such as job satisfaction, job performance, organizational trust, and organizational identification in two different healthcare organizations.

Methods: Data for this cross-sectional and correlational study were collected via face-to-face interviews from 493 nurses selected through stratified random sampling from two hospitals in Turkey. Data were collected using the Evidence-Based Nursing Attitude Questionnaire, Organizational Identification Scale, Job Performance Scale, Job Satisfaction Scale, and Organizational Trust Scale.

Results: It was found that the total scores of the evidence-based nursing scale of nurses working in public hospitals (63[57-68]) were higher than those of nurses working in university hospitals (58.5[49-65]) ($p<0.001$). When the total scores obtained from the two hospitals were examined, significant correlations were found between the total scores of the evidence-based nursing scale of nurses and the scores of organizational identification ($p<0.01$), job performance ($p<0.05$), job satisfaction ($p<0.01$) and organizational trust ($p<0.01$).

Conclusion: The study highlights the importance of organizational variables such as organizational identification, job performance, job satisfaction, and organizational trust in shaping nurses' attitudes towards evidence-based practice. The importance of these factors should be taken into consideration in order to develop positive attitudes towards evidence-based practices among nurses, thus encouraging the dissemination of evidence-based practices within healthcare organizations.

Keywords: Evidence-based practice, job performance, job satisfaction, organizational trust, organizational identification.

Introduction

The healthcare sector plays a crucial role in shaping both the health outcomes and economic stability of nations. Healthcare administrators focus on specific factors such as staffing levels, clinical protocols, patient satisfaction scores, and incident reporting systems to understand and improve the quality of patient care, ensure safety, and enhance the overall performance of healthcare institutions. As a result, more attention is being directed toward research initiatives designed to improve these critical aspects of healthcare.¹⁻³ Within complex healthcare systems, evidence-based nursing (EBN) is acknowledged as a critical approach for enhancing patient safety and elevating the overall quality of nursing care.^{2,4} Despite the growing body of descriptive and experimental studies that highlight the significance of EBN, the anticipated changes in clinical practice behaviors necessary for its full implementation have not yet been realized.³⁻⁸ One of the primary reasons for this gap appears to be the insufficient exploration of how organizational variables, such as job satisfaction, organizational trust, job performance, job stress, and organizational commitment, influence nurses' beliefs, attitudes, and knowledge toward EBN. The relationship between these variables and EBN remains underexplored, underscoring the need to investigate the ways in which organizational dynamics affect nurses' attitudes toward evidence-based practice across diverse healthcare settings.

Evidence-based practice involves the systematic review, analysis, and application of current scientific evidence to inform nursing care. On a global scale, EBN is recognized as the gold standard for delivering safe, high-quality, and cost-effective healthcare.^{4,9,10} Furthermore, EBN is regarded as a core international competency in modern nursing. The literature emphasizes that EBN is a crucial factor in achieving high-quality care in hospitals, enhancing the quality of care provided to patients, reducing mortality rates, and controlling costs.^{4,11,12} Since the 1970s, the importance of EBN in ensuring patient safety and improving care quality has been well-established, especially for nurses directly involved in patient care.⁹ EBN enables nurses to make informed clinical decisions based on the best available evidence, and is considered foundational to the nursing profession.¹² Given this, further research is needed to equip nurses with the necessary knowledge and skills for effective EBN implementation, to foster positive attitudes, and to promote behavioral changes that will facilitate its integration into clinical practice.^{4,6,12}

Job performance, defined as the efficiency with which nurses fulfill their roles and responsibilities in patient care, is both an outcome of EBN and a significant factor influencing its successful implementation. It is a multifaceted concept influenced by personal attributes, workload, job satisfaction, competencies, social support, and organizational factors.^{2,4,13}

Job satisfaction, a key organizational factor, is widely recognized for its impact on EBN and its outcomes. It is defined as positive emotional responses to working conditions, the fulfillment of workplace needs, and perceptions of fairness and value within the work environment.^{2,4,13} Job satisfaction is a critical determinant of job performance, patient safety, work satisfaction, and service quality. Numerous individual and organizational factors have been identified as influencing nurses' job satisfaction.^{4,14}

Organizational identification, another significant factor, refers to the psychological bond between an employee and their organization. It represents a sense of belonging and alignment with the organization's values and goals. In healthcare

organizations, strong organizational identification has been shown to enhance both job satisfaction and job performance. Consequently, healthcare institutions prioritize strategies aimed at strengthening this sense of identification.^{15,16}

In this study, organisational trust, which is one of the important concepts to be discussed in relation to EBN, is defined as an informal agreement between the staff, the organisation or the managers of the organisation. Organizational trust significantly influences various aspects of professional life, including job satisfaction, organizational commitment, and overall organizational effectiveness. It has been shown to play a crucial role in improving the quality of patient care.¹⁴⁻¹⁶

This study aims to address a significant gap in the literature^{1,8,13,15,16} by examining organizational factors—such as job satisfaction, job performance, organizational trust, and organizational identification—that influence nurses' attitudes toward evidence-based nursing (EBN). Although the importance of EBN is frequently emphasized, the relationship between nurses' attitudes toward its implementation and organizational variables has been explored in only a limited number of studies. In particular, the comparison between public and university hospitals offers a unique contribution by highlighting how institutional structure affects nurses' attitudes. By analysing the roles of organizational trust, identification, and performance in the adoption of EBN, this study contributes to academic knowledge and provides healthcare administrators with concrete, data-driven recommendations to support the wider integration of evidence-based practices.

Research Questions

RQ1: Is there a significant relationship between nurses' levels of organizational identification and evidence-based nursing (EBN) as well as its subdimensions?

RQ2: Is there a significant relationship between nurses' levels of job satisfaction and EBN and its subdimensions?

RQ3: Is there a significant relationship between nurses' levels of organizational trust and EBN and its subdimensions?

RQ4: Is there a significant relationship between nurses' job performance and EBN and its subdimensions?

RQ5: Is there a significant relationship between organizational identification, job satisfaction, organizational trust, and job performance with evidence-based nursing (EBN) and its subdimensions across different hospitals?

Methods

Study Design

This study was designed as a cross-sectional and correlational study.

Sample/Participants

This study was conducted with nurses working at Mersin University Hospital and a public hospital in Siirt. The differing ownership structures of these two hospital types result in significant variations in management approaches, resource allocation, service delivery, and employee policies. While public hospitals typically operate under centralized authority, university hospitals adopt a more academic structure that integrates education, research, and healthcare services. Accordingly, the study included nurses from both institutions.

As there was no prior literature data available, a moderate effect size of 0.30, as recommended by Cohen¹⁷ for correlation analyses, was used. With a Type I error rate of 5% and a test power of 80%, the minimum required sample size

was determined to be 84 participants. In this context, the study was conducted with a total of 493 nurses who met the inclusion criteria—204 from the university hospital and 289 from the public hospital.

The study sample included nurses who were actively employed in healthcare institutions during the study period, consented to participate, and completed the data collection forms in full. Nurses who did not consent or failed to meet the inclusion criteria were excluded from the study.

Data Collection

Data were collected face-to-face between 15.08.2019 and 15.10.2019. Data were collected using the Evidence-Based Nursing Attitude Questionnaire, Organizational Identification Scale, Job Performance Scale, Job Satisfaction Scale, and Organizational Trust Scale. The researchers working in the hospital went to the clinics one by one according to the availability of the nurses. The nurses were informed about the study in the nurses' room, and the data collection form was filled in by the nurses after verbal and written consent was obtained.

Personal Information Form

This form included seven questions (age, gender, healthcare units, etc.) to determine the socio-demographic and job characteristics of the participants.

The Evidence-Based Nursing Attitude Questionnaire (EBNAQ)

The scale, developed by Ruzafa-Martinez *et al.*¹⁸ and validated and reliable in Turkish by Ayhan¹⁹, consists of 15 items and three subscales (Beliefs and expectations towards EBN; the intention of conduct towards EBN and feelings towards EBN). The scale is a 5-point Likert type. Eight items of the scale contain positive statements and seven items contain negative statements. The increase in the scores obtained from the scale reveals that the positive attitudes towards EBN increased. In the study of Ruzafa-Martinez *et al.*¹⁸ the Cronbach's alpha value of the EBNAQ was 0.85, whereas in our study The Cronbach's alpha value was 0.86 for the "Beliefs and expectations" subscale, 0.63 for the "Intention of conduct" subscale, and 0.70 for the "Feelings towards EBN" subscale.^{17,18}

Organizational Identification Scale

The scale, developed by Mael and Ashforth¹⁹ and adapted into Turkish by Tüzün²⁰, is a 5-point Likert type and consists of six items. In the study of Tüzün²⁰, the KMO value performed before the factor analysis was 0.76. The Bartlett test yielded $\chi^2(15)=891.69$, $p<0.001$. The single factor with an eigenvalue of 2.89 explained 48.13% of the total variability. Higher scores on the scale indicate a higher level of organizational identification.^{19,20} The internal consistency coefficient of the scale was calculated as $\alpha=0.78$.

Job Performance Scale

The scale was developed by Sigler and Pearson and its Turkish validity and reliability study was conducted by Çöl.²¹ The scale is a 5-point Likert type and consists of four items. Higher scores on the scale indicate a higher level of job performance.²¹ The internal consistency of the scale was 0.83, and the factor loadings were found to be between 0.78 and 0.85.

Job Satisfaction Scale

The Job Characteristics Model was developed by Hackman and Oldham to diagnose employees' overall job satisfaction, and its validity for use in Turkish was performed by Şeşen

and Basım.²² The scale consists of five items scored on a 5-point Likert scale. The total reliability of the scale was found to be 0.78. Higher scores on the scale indicate a higher level of job satisfaction.²² In this study, the Cronbach's alpha coefficient of the scale was calculated as 0.91. This result indicates that the scale is reliable.

Organizational Trust Scale

The scale, developed by Tyler and Bies and whose Turkish validity and reliability studies were conducted by Polat²³ consists of four items. The scale is a 5-point Likert type scale. In the exploratory factor analysis in the study of Polat²³, The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy value was determined as 0.845 ($p<0.001$) and the items converged under a single factor. Higher scores on the scale indicate a higher level of organizational trust.²³ The eigenvalue of the single factor obtained was 2.928 and the percentage of variance explained was 73.197%. The internal consistency coefficient of the scale was 0.88.

Data Analysis

The Shapiro-Wilk test was evaluated to check the normality of the distribution of the scores obtained from the scales administered to the nurses working in the university and public hospitals. The results showed that the data did not follow a normal distribution. Number and percentage for categorical data and median and quartile values for data that did not conform to normal distribution were given as descriptive statistics. The Mann-Whitney U test was used to compare the scale mean scores of nurses working in the university hospital and public hospital. Spearman's correlation coefficient was calculated to determine the relationship between the scale scores. Finally, Cronbach's alpha coefficient was used to calculate the reliability coefficient of the scales. For the correlation coefficients, 0-0.199 was taken as very weak, 0.2-0.399 as weak, 0.4-0.499 as medium, 0.5-0.799 as strong, and 0.8-1 as very strong.

Ethical Considerations

This study was approved by the Social Sciences and Humanities Ethics Committee of Mersin University (Approval number: 31/07/2019-223). In addition, official permission for the study was obtained from the university hospital and the public hospital where this study was conducted. Written and verbal consent was also obtained from the nurses participating in the study. The research was carried out in accordance with the rules of the Declaration of Helsinki.²⁴

Results

It was determined that 204 of the nurses in this study worked in university hospital and 289 worked in public hospital. Among the university hospital nurses, 79.9% were female, 52.9% were married, and 98.5% had undergraduate or graduate degrees. Also, 60% of the participants worked in internal medicine services, 46.6% worked in outpatient care units, and 97.5% worked shifts of 24 hours or more. Out of the public hospital nurses, on the other hand, 68.5% were female, 58.1% were married, and 63.3% had undergraduate or graduate degrees. Also, 58.9% of the participants worked in internal medicine services, 44.6% worked in outpatient care units, and 58.5% worked shifts of 24 hours or more. The average work experience for nurses at the university hospital was 5.32 ± 4.78 years, while nurses at the public hospital had an average work experience of 5.97 ± 5.92 years. The median age of the participants in both institutions was 28 (Table 1).

Table 1. Socio-demographic and job characteristics of nurses working in the university hospital and public hospital

Characteristic	University Hospital (n=204)		Public Hospital (n=289)	
	n	%	n	%
Gender				
Female	163	79.9	198	68.5
Male	41	20.1	91	31.5
Marital status				
Married	108	52.9	168	58.1
Single	96	47.1	121	41.9
Education				
High school	0	0	39	13.5
Associate	3	1.5	67	23.2
Undergraduate and graduate	201	98.5	183	63.3
Service				
Surgical services	52	40	53	41.1
Internal services	78	60	76	58.9
Healthcare units				
Critical care unit	84	41.2	114	39.4
Inpatient care unit	95	46.6	129	44.6
Outpatient unit	25	12.3	46	15.9
Caregiving Time				
24 hours and above	199	97.5	169	58.5
Under 24 hours	5	2.5	120	41.5
Work experience	5.32±4.78 (years)		5.97±5.92 (years)	
Age	Median[Q1-Q3] 28[25-33]		Median[Q1-Q3] 28[25-34]	

A statistically significant difference was found between the university and public hospital nurses' total and subscale scores on the EBNAQ. The university hospital nurses' scores were found to be lower than the public hospital nurses' scores ($p<0.05$). Also, the university hospital nurses' organizational

identification, job performance, job satisfaction, and organizational trust scores were found to be significantly lower than the corresponding scores of the public hospital nurses ($p<0.05$) (Table 2).

Table 2. Comparison of the university hospital and public hospital in terms of variables

Variables	University Hospital	Public Hospital	<i>p</i>
	Med[Q1-Q3]	Med[Q1-Q3]	
EBN	58.5[49-65]	63[57-68]	<0.001
Beliefs and expectations towards EBN	28[24-30]	30[28-33]	<0.001
Intention of conduct towards EBN	15[13-17]	16[14-17]	0.003
Feelings towards EBN	16[14-18]	17[15-20]	<0.001
Organizational identification	21[18-23]	24[21-27]	<0.001
Job performance	16[14-17]	16[15-19]	<0.001
Job satisfaction	15[12-18]	19[15-22]	<0.001
Organizational trust	11[8-14]	14[12-17]	<0.001

EBN: Evidence-based nursing

Table 3 presents a combined analysis of the data obtained from both hospitals, illustrating the overall relationship levels among the variables. In this table, 'Variables 1-4' represent the Evidence-Based Nursing Attitude Questionnaire (EBNAQ) and its three subscales: Beliefs and expectations towards EBN, Intention of conduct towards EBN, and Feelings towards EBN. 'Variables 5-8' represent Organizational identification, Job performance, Job satisfaction, and Organizational trust, respectively. In contrast, Table 4 separates the data by hospital type and includes subgroup analyses to evaluate institutional differences. Similarly, in Table 4, 'Variables 1-4' consistently represent the EBNAQ and its subscales, while 'Variables 5-8' represent Organizational identification, Job performance, Job satisfaction, and Organizational trust. These different levels of analysis were deliberately chosen to provide insight into both general trends

and contextual differences between healthcare institutions. The analysis results indicated a moderate-to-weak positive correlation between the two groups' EBNAQ total scores and their levels of organizational identification, job performance, job satisfaction, and organizational trust ($p<0.05$). EBN was found to have the highest correlation with the variable "organizational identification". There were positive significant correlations between the two groups' EBNAQ subscale scores and their level of organizational identification, job performance, job satisfaction, and organizational trust. Similarly, here, EBN was found to have the highest correlation with the variable "organizational identification" (Table 3).

According to the analysis results of the data from the university hospital nurses, a weak positive correlation was found between the university hospital nurses' EBNAQ total scores and their level of organizational identification, job

performance, and job satisfaction ($p<0.05$). However, no statistically significant correlation was found between the university hospital nurses' EBNAQ total scores and their level of organizational trust. Finally, there was a weak positive correlation between the university hospital nurses' scores on the subscale "Beliefs and expectations towards EBN" and their level of organizational identification, job performance, and job satisfaction ($p<0.05$) (Table 4).

The analysis results of the data from the public hospital nurses showed that there was a moderate-to-weak positive

correlation between the public hospital nurses' EBNAQ total scores and their scores on the subscales "Beliefs and expectations towards EBN" and "Intention of conduct towards EBN" and their level of organizational identification, job performance, job satisfaction and organizational trust ($p<0.05$). Finally, a moderate-to-weak positive correlation was found between the public hospital nurses' scores on the subscale "Feelings towards EBN" and their level of organizational identification and job performance ($p<0.05$) (Table 4).

Table 3. Correlation matrix for evidence-based nursing and organizational variables* (total sample across both hospitals)

Variables	Mean±SD	α^a	1	2	3	4	5	6	7
1. EBN	60.53±8.95	0.91	1						
2. Beliefs and expectations towards EBN	28.70±4.46	0.90	.916 ^c	1					
3. Intention of conduct towards EBN	15.47±2.76	0.65	.870 ^c	.689 ^c	1				
4. Feelings towards EBN	16.36±2.88	0.74	.872 ^c	.685 ^c	.711 ^c	1			
5. Organizational identification	22.41±4.55	0.84	.407 ^c	.411 ^b	.333 ^c	.330 ^c	1		
6. Job performance	16.12±2.51	0.81	.312 ^b	.311 ^c	.265 ^c	.259 ^c	.422 ^c	1	
7. Job satisfaction	16.88±5.03	0.91	.301 ^c	.318 ^c	.224 ^c	.235 ^c	.511 ^c	.479 ^c	1
8. Organizational trust	12.76±4.20	0.88	.241 ^c	.255 ^c	.180 ^c	.189 ^c	.448 ^b	.307 ^c	.493 ^c

^a. Cronbach's alpha

^b. Correlation is significant at the 0.05 level (2-tailed).

^c. Correlation is significant at the 0.01 level (2-tailed).

SD: Standard Deviation

Variables 1-4 refer to the Evidence-Based Nursing Attitude Questionnaire (EBN-1), and its subscales: Beliefs and expectations towards EBN (2), Intention of conduct towards EBN (3), and Feelings towards EBN (4)

Variables 5-8 refer to Organizational identification (5), Job performance (6), Job satisfaction (7), Organizational trust (8)

Table 4. Correlation matrix between evidence-based nursing and organizational variables* by hospital type

Variables		1	2	3	4	5	6	7
University Hospital	1. Evidence-based nursing (EBN)	1						
	2. Beliefs and expectations towards EBN	.919 ^b	1					
	3. Intention of conduct towards EBN	.905 ^b	.746 ^b	1				
	4. Feelings towards EBN	.875 ^b	.685 ^b	.785 ^b	1			
	5. Organizational identification	.268 ^b	.286 ^b	.227 ^b	.155 ^b	1		
	6. Job performance	.197 ^a	.184 ^b	.241 ^b	.142 ^b	.215 ^b	1	
	7. Job satisfaction	.176 ^a	.194 ^b	.102	.125	.408 ^b	.317 ^b	1
	8. Organizational trust	.087	.109	.030	.038	.448 ^a	.166 ^b	.484 ^b
Public Hospital	1. Evidence-based nursing (EBN)	1						
	2. Beliefs and expectations towards EBN	.895 ^b	1					
	3. Intention of conduct towards EBN	.831 ^b	.604 ^b	1				
	4. Feelings towards EBN	.858 ^b	.641 ^b	.644 ^b	1			
	5. Organizational identification	.446 ^b	.433 ^b	.363 ^b	.377 ^b	1		
	6. Job performance	.346 ^b	.344 ^b	.252 ^b	.294 ^b	.523 ^b	1	
	7. Job satisfaction	.308 ^b	.319 ^b	.249 ^b	.228	.481 ^b	.545 ^b	1
	8. Organizational trust	.243 ^b	.254 ^b	.194 ^b	.188	.412 ^b	.349 ^b	.434 ^b

^a.Correlation is significant at the 0.05 level (2-tailed).

^b.Correlation is significant at the 0.01 level (2-tailed).

Variables 1-4 refer to the Evidence-Based Nursing Attitude Questionnaire (EBN-1), and its subscales: Beliefs and expectations towards EBN (2), Intention of conduct towards EBN (3), and Feelings towards EBN (4).

Variables 5-8 refer to Organizational identification (5), Job performance (6), Job satisfaction (7), Organizational trust (8)

Discussion

Organizational dynamics are crucial for creating a supportive environment that facilitates the successful implementation of evidence-based practices in healthcare institutions. In this context, the present study, which examined the relationship between nurses' attitudes toward evidence-based practice and organizational variables—such as job satisfaction, job performance, organizational trust, and organizational identification—across two different healthcare settings, yielded significant and meaningful findings. The combined

analysis of data from both groups revealed significantly positive correlations between the total and subscale scores of the EBNAQ and participants' levels of organizational identification, job performance, job satisfaction, and organizational trust. The literature suggests that behaviors such as employees viewing themselves as integral to the organization, aligning their personal goals with organizational objectives, and voluntarily embracing organizational decisions can positively influence EBN practices.^{5,10} In the studies, it is emphasised that the development of evidence-based knowledge, skills and

attitudes of nurses will positively affect job satisfaction and thus contribute significantly to the reduction of burnout level of nurses.^{4,5} A study emphasized that various factors affect attitudes and beliefs about EBN, one of which is job satisfaction.³ In addition, studies have reported that organizing training programs is important for the development of EBN.^{4,9,24,25} It is thought that training programmes will spread EBN and this will directly affect nurses' job satisfaction positively. The results of this study are in parallel with the literature and reveal that evidence-based attitudes, knowledge and skills of nurses are important in terms of transforming EBN into behaviour.

Our findings indicated that nurses working in the public hospital had significantly higher total scores on the EBNAQ, as well as on its subdimensions—Beliefs and Expectations toward EBN, Intention to Engage in EBN, and Feelings toward EBN—compared to nurses in the university hospital. This suggests that public hospital nurses demonstrated more positive attitudes toward evidence-based nursing. Furthermore, they also reported significantly higher levels of organizational identification, job performance, job satisfaction, and organizational trust than their counterparts in the university hospital. There are a limited number of studies comparing the evidence-based attitudes of nurses working in different healthcare organizations.^{5,24} In a study conducted with nurses in four different healthcare organisations (primary healthcare centres, general hospitals, specialised hospitals and university medical centres), beliefs about EBN, differences in implementation status and variables affecting these were examined. In the study, it was determined that the type of health organisations significantly affected the beliefs and attitudes towards EBN, and positive beliefs and attitudes towards EBN were higher in nurses working in primary health care institutions. It is suggested that this situation is because nurses working in primary health care have received adequate training on EBN in the last five years.⁵ However, similar to our study findings, it is seen that the evidence-based beliefs and attitudes of nurses working in university medical centres are lower than nurses working in other institutions. Nurses working in university hospitals provide services in patient care under medical doctors with various titles such as professors, associate professors, assistant professors, subspecialists, and research assistants in the same service. After normal working hours during the day, on-duty research assistants (doctors) are on active duty in every ward in the hospital. At the same time, subspecialists work on-call shifts, too. This means that there are several medical doctors with different titles who are involved in making decisions about patient care. This situation may negatively affect university hospital nurses' autonomy about care. In a state hospital, on the other hand, the only title physicians have is usually "specialist doctor". After a usual day shift in public hospitals, only on-call doctors are on duty. Therefore, there are normally no physicians actively on duty after normal working hours in a day in a public hospital. This situation may cause public hospital nurses to have a higher level of authority and more flexibility in decision-making. Thus, it is possible for nurses working in public hospitals to reflect EBN in patient care. Professional autonomy, one of the most discussed topics in the literature, is an important element of a healthy work-life. Professional autonomy is regarded as a positive concept that affects nurses' job satisfaction, patient safety, and care. Professional autonomy, is an important element for healthcare workers "as the practice of one's occupation in accordance with one's education, with members of that occupation governing, defining and controlling their own

activities in the absence of external controls", and it can occur at different levels in different hospitals. Increasing professional autonomy in nurses could also increase EBN as it would remove the obstacles to evidence-based research results. Furthermore, it could positively affect the job satisfaction of nurses.^{5,8,23-25} In conclusion, the institutional differences observed in nurses' attitudes toward evidence-based nursing can largely be attributed to variations in professional autonomy and opportunities for participation in decision-making processes.

Strengths and Limitations

This research was conducted in a public hospital and a university hospital. Attitudes towards evidence-based nursing practices are limited to the organizational identification scale, job performance scale, job satisfaction scale, and organizational trust scale features. As the complexity of health systems increases, the demand for health managers with high levels of attention, skills and competence for effective delivery and proper management of health services also increases. Evidence-based nursing is a key determinant of patient care quality and patient safety. Therefore, it is essential that health organizations make necessary arrangements regarding the factors affecting evidence-based nursing practices in clinical settings (e.g., organizational identification, job performance, organizational trust, job satisfaction, etc.). Organizational strategies are needed to increase nurses' job satisfaction and job performance by enabling nurses to consider evidence-based nursing practices as a part of their organization as a strategy to improve evidence-based nursing practices and the quality of patient care.

Conclusion

The findings of this study revealed that the attitudes of nurses working in university and public hospitals towards Evidence-Based Nursing (EBN) practices are significantly associated with key organizational variables such as job satisfaction, job performance, organizational trust, and organizational identification. To strengthen nurses' attitudes towards EBN, regular case-based training should be provided, their participation in decision-making processes should be supported, and knowledge-sharing platforms such as clinical EBN working groups should be established. At the institutional level, a safe, participatory, and learning-oriented work environment should be established to support nurses' positive attitudes and behaviors toward EBN. In this context, a people-centered and supportive leadership approach should be adopted, and nurses' contributions to EBN practices should be recognized and rewarded to enhance their visibility.

Conflict of Interest

The authors declare no conflicts of interest.

Compliance of Ethical Statement

This study was approved by the Social Sciences and Humanities Ethics Committee of Mersin University (Approval number: 31/07/2019-223). Also, the hospital where this study was conducted gave an official permission for the study. Written and verbal consent was also obtained from the nurses participating in the study. The research was carried out in accordance with the rules of the Declaration of Helsinki.

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Author Contributions

Study conception and design: ST, ZY, GT; Data collection: ZY; Data analysis and interpretation: GT, ST; Drafting of the article: ZY, ST; Critical revision of the article: ZY, ST. All listed authors meet the authorship criteria, and all authors are in agreement with the content of the manuscript.

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