

# INPLASY

## A protocol for a meta-synthesis of qualitative studies on facilitating evidence-based nursing practice: an integrated framework construction

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### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - Data analysis.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202630003

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 March 2026 and was last updated on 2 March 2026.

### INTRODUCTION

**Review question / Objective** Objective: To systematically synthesize qualitative studies on facilitation models or frameworks of evidence-based nursing practice, identify core components, analyze the implementation process and dynamic mechanisms, and construct an integrated framework to provide theoretical guidance for developing contextually appropriate facilitation strategies.

Review questions:

1. What are the core elements (individual, team, organizational) that facilitate evidence-based nursing practice?
2. What are the key processes involved in implementing evidence-based nursing practice?
3. What dynamic mechanisms explain how these elements interact to produce outcomes?
4. What outcomes are achieved through evidence-based nursing practice facilitation?

**Rationale** Evidence-based nursing practice facilitation models (e.g., JBI model, i-PARIHS framework) are well-established in Western healthcare settings. However, when applied in Chinese contexts, these models face challenges of poor contextual fit, unclear mechanisms, and disconnected implementation processes, leading to inefficient translation of evidence into clinical practice.

Existing research predominantly uses quantitative designs to identify key factors (e.g., leadership, organizational culture) or test the effectiveness of specific models. While these studies reveal "what factors matter," they fail to explain "how these factors interact," "how the implementation process evolves dynamically," and "how individuals and organizations achieve change through interaction" – questions that require qualitative inquiry.

Qualitative studies are well-suited to uncover these "black box" mechanisms due to their capacity for in-depth interpretation of context, meaning, and process. However, single qualitative studies are limited by their specific contexts and lack generalizability. A meta-synthesis of qualitative

studies can retain the depth of qualitative research while enhancing the abstraction level and transferability of findings.

Therefore, this meta-synthesis aims to systematically integrate existing qualitative evidence on facilitation models/frameworks for evidence-based nursing practice, construct an integrated framework that captures core elements, implementation processes, and dynamic mechanisms, and provide theoretical input for developing contextually tailored facilitation strategies in Chinese healthcare settings.

**Condition being studied** Phenomenon of interest: Facilitation of evidence-based nursing practice (EBNP) in healthcare settings.

Description: This meta-synthesis focuses on the processes, mechanisms, and contextual factors involved in promoting and implementing evidence-based nursing practice. It examines how nurses, nurse managers, and healthcare organizations facilitate the translation of research evidence into clinical nursing practice. The study synthesizes qualitative evidence on the core elements (individual beliefs and competencies, team leadership and support, organizational culture and resources), implementation processes (assessment, collaborative execution, embedded evaluation), and dynamic mechanisms (leadership empowerment, capacity building, structural support) that enable successful EBNP facilitation. The findings aim to inform the development of contextually appropriate strategies for promoting evidence-based nursing across diverse healthcare settings.

## METHODS

**Search strategy** Databases searched:

- English databases: PubMed, Embase, Web of Science, CINAHL, Cochrane Library
- Chinese databases: CNKI (China National Knowledge Infrastructure), VIP (Chongqing VIP Chinese Science and Technology Periodical Database), Wanfang Data, CBM (China Biology Medicine disc)

Search period: From January 1, 2016 to December 31, 2025 (last search updated on December 31, 2025)

Search terms: A combination of MeSH terms and free-text keywords was used.

English search terms:

- Population/intervention: "Evidence-Based Nursing" OR "Evidence-Based Practice"
- Phenomenon of interest: "model" OR "framework" OR "roadmap" OR "strategy" OR "implementation" OR "facilitation" OR "promotion"

- Methodology: "qualitative research" OR "interview" OR "focus group" OR "grounded theory" OR "phenomenology" OR "ethnography" OR "thematic analysis"

Chinese search terms:

- "循证护理" OR "循证实践"
- "模型" OR "框架" OR "路线图" OR "策略" OR "实施" OR "促进"
- "质性研究" OR "访谈" OR "焦点小组" OR "扎根理论" OR "现象学" OR "描述性质性研究"

Search strategy example (PubMed):

("Evidence-Based Nursing"[Mesh] OR "Evidence-Based Nursing"[tiab] OR "Evidence-Based Practice"[Mesh] OR "Evidence-Based Practice"[tiab]) AND ("model"[tiab] OR "framework"[tiab] OR "implementation"[tiab] OR "facilitation"[tiab] OR "promotion"[tiab]) AND ("qualitative research"[Mesh] OR "qualitative research"[tiab] OR "interview"[tiab] OR "focus group"[tiab] OR "grounded theory"[tiab] OR "phenomenology"[tiab])

Additional search: Reference lists of included studies were manually screened to identify additional relevant publications.

**Participant or population** Participants: Nurses and nursing managers involved in evidence-based nursing practice facilitation activities in healthcare settings.

Description: This meta-synthesis includes qualitative studies that recruited registered nurses, clinical nurse specialists, nurse educators, nurse managers/directors, and other nursing professionals who have experience with implementing or facilitating evidence-based nursing practice. Studies may also include other healthcare professionals (e.g., physicians, allied health staff) if they are part of multidisciplinary teams engaged in evidence-based practice implementation, but the primary focus is on nursing perspectives. Participants are drawn from various healthcare settings including hospitals, community health centers, and long-term care facilities across different countries and healthcare systems.

**Intervention** Phenomenon of interest: Facilitation models, frameworks, strategies, or programs for promoting evidence-based nursing practice.

Description: This review synthesizes qualitative evidence on interventions/strategies designed to facilitate the implementation of evidence-based nursing practice. These include, but are not limited to:

- Established models/frameworks: ARCC (Advancing Research and Clinical practice through close Collaboration) model, i-PARIHS framework,

• JBI Evidence-Based Healthcare model, BPSO (Best Practice Spotlight Organization) program, QUERI (Quality Enhancement Research Initiative) roadmap

- Organizational strategies: establishment of evidence-based practice centers, embedded research models, collaborative working models
  - Educational and leadership interventions: EBP mentorship programs, implementation leadership training, capacity-building initiatives
- The focus is on understanding how these interventions work, their core components, implementation processes, and mechanisms of action from the perspectives of those involved.

**Comparator** Not applicable (qualitative meta-synthesis).

**Study designs to be included** Included study designs: • Qualitative studies (including phenomenology, grounded theory, ethnography, qualitative descriptive studies) • Qualitative parts of mixed-methods studies Excluded: • Quantitative studies without qualitative components • Reviews, editorials, commentaries, conference abstracts.

**Eligibility criteria** Inclusion criteria:

- Participants: Nurses or nursing managers involved in evidence-based nursing practice facilitation activities
- Phenomenon of interest: Studies exploring models, frameworks, roadmaps, or multi-dimensional strategies for facilitating evidence-based nursing practice, including their components, implementation processes, experiences, or mechanisms of action
- Context: Healthcare settings (hospitals, community health centers, long-term care facilities)
- Study designs: Qualitative studies (phenomenology, grounded theory, qualitative descriptive) or qualitative components of mixed-methods studies
- Language: English or Chinese

Exclusion criteria:

- Studies that only describe barriers or facilitators to evidence-based practice without linking to specific models/frameworks/strategies
- Quantitative studies without qualitative components
- Reviews, editorials, commentaries, conference abstracts
- Full text not available
- Studies with methodological quality rated as C (high risk of bias) based on JBI critical appraisal.

**Information sources** Electronic databases:

- English: PubMed, Embase, Web of Science, CINAHL, Cochrane Library

- Chinese: CNKI (China National Knowledge Infrastructure), VIP (Chongqing VIP Chinese Science and Technology Periodical Database), Wanfang Data, CBM (China Biology Medicine disc) Search period: From January 1, 2016 to December 31, 2025 (last search updated on December 31, 2025)

Additional sources:

- Reference lists of included studies were manually screened (snowballing) to identify additional relevant publications Note: No contact with authors or trial registries was conducted as this is a qualitative meta-synthesis.

**Main outcome(s)** Main outcomes (synthesized findings):

This meta-synthesis aims to generate four integrated themes representing the core findings on facilitating evidence-based nursing practice:

1. Multi-level drivers: Evidence-based nursing practice facilitation requires synergistic support from three levels:

- Individual: nurses' beliefs, self-efficacy, and competencies in evidence retrieval, appraisal, and application

- Team: implementation leadership (head nurses/mentors), peer support, and team learning climate

- Organizational: EBP culture embedded in organizational values, resource systems (EBP centers, dedicated time, IT infrastructure, funding), and aligned incentives

2. Structured implementation process: A three-phase process ensures systematic and sustainable implementation:

- Assessment and preparation: context assessment, priority setting, evidence selection with stakeholder engagement

- Collaborative execution and adaptation: multi-role collaboration (researchers, managers, practitioners), contextual adaptation, pilot testing, stepped training

- Embedded evaluation and feedback: ongoing monitoring, standardized data collection, feedback loops for continuous improvement

3. Dynamic mechanisms: Three pathways explain how elements interact:

- Top-down pathway: leadership shapes EBP culture, which permeates to team and individual levels

- Empowerment-response cycle: supportive environments enhance nurse competencies → successful experiences reinforce self-efficacy → nurses actively contribute to environment optimization

- Structure-behavior linkage: organizational resources and streamlined workflows enable sustained evidence-based behaviors

4. Multifaceted outcomes:

- Nurse-level: enhanced EBP competencies, beliefs, job satisfaction, retention
- Organizational-level: EBP culture formation, learning climate, adaptive capacity
- Patient-level: improved care quality and outcomes (limited direct evidence).

### Additional outcome(s)

Additional outcomes:

- Subgroup analyses (if applicable): Exploration of whether findings differ by:
  - Healthcare setting type (tertiary hospitals vs. community settings)
  - Country/healthcare system (Western vs. Chinese contexts)
  - Facilitation model type (e.g., ARCC, JBI, i-PARIHS, BPSO)
- Methodological outcomes:
  - Quality appraisal results of included studies (JBI ratings)
  - Assessment of confidence in the evidence (if using GRADE-CERQual or similar approach)
- Contextual factors:
  - Identification of context-specific barriers and facilitators to EBP facilitation across different healthcare systems
  - Mapping of transferability considerations for low-resource settings
- Implementation process characteristics:
  - Commonalities and variations in the "assessment-execution-evaluation" process across different facilitation models.

**Data management** Data management process:

1. Literature record management:
  - All retrieved records from database searches were exported to reference management software (e.g., EndNote or NoteExpress).
  - Duplicate records were identified and removed electronically, followed by manual checking.
  - Screening records (titles/abstracts and full texts) were documented in a PRISMA flow diagram (see Figure 1 in the protocol).
2. Data extraction and organization:
  - A standardized data extraction form was developed in Microsoft Excel to ensure consistency.
  - Two reviewers independently extracted data from included studies into separate Excel sheets.
  - Extracted data included: study characteristics (author, year, country, participants, methodology, facilitation model) and key findings (verbatim findings, participant quotes, author interpretations).
  - After independent extraction, the two reviewers' sheets were compared, and discrepancies were resolved through discussion or consultation with a third reviewer.

3. Data synthesis management:

- Extracted findings were organized and coded in Excel (or NVivo, if used) to facilitate the meta-aggregation process.
  - Categories and synthesized themes were developed iteratively, with all analytical decisions documented in an audit trail.
  - Regular research team meetings were held to review and refine the synthesis, with meeting minutes recorded.
4. Data storage and backup:
- All data files (Excel sheets, Word documents, meeting minutes) were stored on a secure, password-protected university/hospital server.
  - Regular backups were performed to prevent data loss.
  - Data will be retained for at least 5 years after publication, in accordance with institutional guidelines.

### Quality assessment / Risk of bias analysis

Quality appraisal tool:

- The JBI Critical Appraisal Checklist for Qualitative Research was used to assess the methodological quality of included studies.

Checklist domains (10 items):

1. Congruity between philosophical perspective and methodology
2. Congruity between methodology and research question/objectives
3. Congruity between methodology and data collection methods
4. Congruity between methodology and data analysis/representation
5. Congruity between methodology and interpretation of results
6. Statement locating the researcher culturally or theoretically
7. Influence of the researcher on the research and vice-versa
8. Adequate representation of participants' voices
9. Evidence of ethical approval and ethical considerations
10. Congruity between conclusions and data analysis/interpretation

Appraisal process:

- Two reviewers independently assessed each included study.
- Each item was rated as "yes," "no," "unclear," or "not applicable."

Grading system:

- Grade A: Low risk of bias (meeting all or most criteria)
- Grade B: Moderate risk of bias (meeting some criteria)
- Grade C: High risk of bias (meeting few or no criteria) — excluded from the synthesis

Inclusion threshold: Only studies rated as Grade A or B were included.

Reporting: Quality appraisal results are presented in a summary table (see Table 2 in the protocol). Disagreements between reviewers were resolved through discussion or consultation with a third reviewer.

#### **Strategy of data synthesis** Synthesis method:

- This meta-synthesis used the JBI meta-aggregative approach, which is specifically designed for synthesizing qualitative evidence while preserving the original meaning and interpretive integrity of the findings.

Synthesis process (four steps):

Step 1 - Familiarization:

- Two reviewers repeatedly read the included studies to gain deep understanding of their philosophical underpinnings, methodologies, and contextual nuances.

Step 2 - Extraction of findings:

- Verbatim findings (themes, categories, metaphors) were extracted from each study, along with supporting illustrations (participant quotations or field observations).

- Each finding was assigned a level of credibility (unequivocal/credible/not supported) according to JBI guidelines.

Step 3 - Grouping into categories:

- Findings with similar meanings or concepts were aggregated into categories based on conceptual similarity.

- Each category was given a descriptive name that captured the essence of the grouped findings.

Step 4 - Synthesis into integrated themes:

- Categories were further aggregated into a set of synthesized findings (integrated themes) that represent the overall meaning and explanatory power of the evidence.

- The synthesis aimed to generate new interpretive constructs while staying faithful to the original studies.

Team process and rigor:

- The synthesis was conducted through iterative discussions within the research team.

- Regular team meetings were held to review and refine categories and synthesized themes.

- Any disagreements were resolved through team consensus and documented in an audit trail.

- The final synthesized themes were checked against the original studies to ensure interpretive validity.

Team process and rigor:

- The synthesis was conducted through iterative discussions within the research team.

- Regular team meetings were held to review and refine categories and synthesized themes.

- Any disagreements were resolved through team consensus and documented in an audit trail.

- The final synthesized themes were checked against the original studies to ensure interpretive validity.

#### **Subgroup analysis** Not applicable.

This is a qualitative meta-synthesis using the JBI meta-aggregative approach, which does not involve subgroup analyses as understood in quantitative systematic reviews. The synthesis focuses on aggregating qualitative findings to develop integrated themes, rather than comparing effect sizes across subgroups. However, if sufficient data allow, we may explore whether findings differ by healthcare setting (e.g., hospital vs. community) or country context (Western vs. Chinese) in the narrative synthesis.

#### **Sensitivity analysis** Not applicable.

Sensitivity analysis, as defined in quantitative systematic reviews (e.g., excluding studies with high risk of bias to test robustness of effect estimates), is not applicable to this qualitative meta-synthesis. The JBI meta-aggregative approach does not employ statistical sensitivity analyses.

However, methodological rigor was ensured by:

1. Including only studies rated as Grade A or B on the JBI Qualitative Critical Appraisal Checklist
2. Conducting independent data extraction and synthesis by two reviewers
3. Using team consensus to resolve disagreements and validate interpretations

These steps serve as qualitative equivalents to sensitivity analysis by ensuring that the synthesized findings are grounded in methodologically sound primary studies.

#### **Language restriction** English and Chinese.

#### **Country(ies) involved** China.

**Other relevant information** Study type: Qualitative meta-synthesis (JBI meta-aggregative approach)

Protocol registration: This protocol has been registered with INPLASY (INPLASY202630003). The review is being conducted following the PRISMA-P guidelines for reporting systematic review protocols.

Ethical considerations: As this is a meta-synthesis of published qualitative studies, no ethical approval was required.

All included studies had obtained appropriate ethical approval as reported in the original publications.

Funding: No funding was received for this protocol.

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Amendments: Any amendments to this protocol will be documented with the date, description, and rationale on the INPLASY platform.

**Keywords** evidence-based nursing; implementation science; nursing management; qualitative research; meta-synthesis; promotion model.

### Dissemination plans

The findings of this meta-synthesis will be disseminated through:

1. Peer-reviewed publication: The full review will be submitted to a peer-reviewed journal (e.g., International Journal of Nursing Studies, Worldviews on Evidence-Based Nursing, or Journal of Nursing Management) for publication.
2. Conference presentations: Findings will be presented at national and international conferences on evidence-based practice, implementation science, and nursing management (e.g., JBI Colloquium, Sigma Theta Tau International Congress, Chinese Nursing Association conferences).
3. Educational materials: The integrated framework will be developed into practical guidance or toolkits for nurse managers and clinical educators to support evidence-based practice facilitation in hospital settings.
4. Stakeholder engagement: Results will be shared with nursing leadership teams in participating hospitals and through professional nursing networks in China to inform local implementation strategies.

### Contributions of each author

Author 1 - zhenyu Luo - drafted the protocol, designed the study, performed data extraction and analysis.

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