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REVIEW

Clinical Governance and Evidence-Based Practices: An Essential Pillar for Safe and Quality Healthcare

Gobernanza Clínica y Prácticas Basadas en la Evidencia: Pilar Esencial para una Atención Sanitaria Segura y de Calidad

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ABSTRACT

Introduction: the increasing complexity of health systems requires evidence-centered models, continuous improvement and professional accountability. The aim is to reflect on the integration between Clinical Governance and Evidence-Based Practice (EBP) as essential pillars for safe and quality health care.
Method: a critical literature review was conducted in May 2025 using the WOS, EBSCO, and Scopus databases, including publications from 2018 to 2024 in Portuguese and English. The reflection was also chosen by the Clinical Governance curricular unit and the authors' professional experience.
Results: Evidence-Based Practice was characterized as a process combining scientific evidence, clinical expertise, and patient values. Clinical Governance was presented as an ethical and organizational framework promoting safety, efficiency, and transparency. Their integration strengthened care quality, team engagement, and institutional performance. Barriers such as resistance to change and limited scientific literacy were identified. Transformational leadership and shared governance emerged as key facilitators.
Conclusions: the convergence of Clinical Governance and Evidence-Based Practice is essential for translating knowledge into person-centered clinical practice. Promoting ethical leadership, ongoing professional development, and supportive organizational structures is crucial to fostering a culture of continuous improvement in healthcare.

Keywords: Evidence-Based Practice; Health Administration; Leadership; Nursing; Patient Safety; Quality of Health Care.

RESUMEN

Introducción: la creciente complejidad de los sistemas de salud requiere modelos centrados en la evidencia, mejora continua y responsabilidad profesional. El objetivo es reflexionar sobre la integración entre la Gobernanza Clínica y la Práctica Basada en la Evidencia como pilares esenciales para una atención sanitaria

segura y de calidad.
Método: estudio teórico-reflexivo, basado en el análisis crítico de la literatura científica sobre Práctica Basada en la Evidencia y Gobernanza Clínica. La búsqueda bibliográfica se realizó en las bases de datos WOS, EBSCO y Scopus entre mayo de 2025, incluyendo publicaciones de 2018 a 2024, en portugués e inglés.
Resultados: la práctica basada en la evidencia se destaca como un proceso que articula la evidencia científica, la experiencia clínica y los valores del paciente. La Gobernanza Clínica, a su vez, se describe como un modelo organizacional que promueve la seguridad, la eficiencia y la responsabilidad. La articulación entre ambos refuerza la calidad de la atención, la participación del equipo y la eficacia institucional. Sin embargo, persisten barreras como la resistencia al cambio, la falta de alfabetización científica y una cultura organizacional desfavorable. El liderazgo transformacional y la gobernanza compartida son esenciales para consolidar esta integración.
Conclusiones: la convergencia entre la Gobernanza Clínica y la Práctica Basada en la Evidencia es un requisito estratégico para transformar el conocimiento en una práctica clínica segura y centrada en la persona. Invertir en liderazgo ético, formación profesional y una estructura organizativa favorable es esencial para consolidar una cultura de mejora continua en la atención sanitaria.

Palabras clave: Práctica Basada en Evidencia, Administración en Salud; Liderazgo; Enfermería; Seguridad del Paciente; Calidad de la Atención de Salud.

INTRODUCTION

Evidence-Based Practice (EBP) represents a significant advancement in healthcare delivery. It is defined as a systematic and reflective process that incorporates scientific evidence, clinical expertise, and patient values into decision-making processes.[1,2] In nursing, EBP is fundamental for promoting quality care and advancing professional development. Similarly, Clinical Governance (CG) is an organizational and ethical framework that ensures the quality, safety, and humanization of healthcare. It is grounded in professional responsibility, participative leadership, continuous education, and the systematic use of evidence, emphasizing transparency and the centrality of the patient.[3,4]

Given the increasing complexity of health systems, the integration of EBP and CG has become a strategic imperative for improving care outcomes. Their combined application supports organizational improvement through ethical leadership, innovation, and accountability. Therefore, this theoretical and reflective study, based on a critical review of the scientific literature, aims to analyze the relationship between Evidence-Based Practice and Clinical Governance, discussing their challenges, potential synergies, and contributions to leadership and healthcare quality.

METHOD

A critical literature review was conducted. This article adopts a theoretical-reflective approach, based on a critical analysis of the scientific literature on the integration of Evidence-Based Practice into Clinical Governance. This is an appropriate methodology for exploring concepts, challenges and opportunities in a field in which theoretical foundation and articulation with clinical practice are essential.

A literature search was conducted in May 2025 using the Web of Science, EBSCO, and Scopus databases, with the keywords ‘evidence-based practice,’ ‘clinical governance,’ and ‘healthcare quality.’ Additional information was obtained from government sources and professional associations that publish guidelines on the topic. Included were publications from 2018-2024, written in Portuguese or English and relevant to the health and nursing contexts. The articles were analyzed using a narrative approach, focusing on relevant theoretical and practical contributions.

DEVELOPMENT

The Joanna Briggs Institute model[5] organizes the implementation of EBP into five essential stages: identification of the problem, search for evidence, critical appraisal, application to practice, and evaluation of the results. This systematic framework emphasizes that EBP is not a linear or isolated process, but rather an iterative and reflective one. In practice, however, many institutions struggle to apply all five steps consistently, particularly due to operational limitations and insufficient integration into daily workflows.

The literature highlights multiple benefits associated with EBP, such as improved quality and safety of care,[6,7] standardization of clinical procedures,[8] professional development, and reduced expenditure on ineffective or unnecessary interventions. [9,10] These findings confirm the transformative potential of EBP in promoting excellence in healthcare. Nevertheless, in the Portuguese healthcare context, the perceived impact of these benefits often varies depending on institutional priorities and leadership engagement, which suggests

that structural and cultural readiness significantly influences the outcomes.

Despite the advantages, several persistent barriers hinder the practical application of EBP. These include resistance to change,[6] time constraints, lack of access to up-to-date evidence and limited resources[10,11] as well as gaps in professional training and competencies.[12,13] In my view, these challenges point to a deeper organizational issue: the insufficient investment in scientific literacy and in the development of a reflective, inquiry-oriented professional culture. Merely disseminating evidence is not enough; it is necessary to create enabling conditions for its effective use.

Although the JBI model places scientific evidence at the center, it does not disregard the importance of other knowledge sources, such as clinical experience, professional judgment, available resources, and the socio-cultural context of care. This reinforces the notion that EBP is inherently dialogical and situated, requiring not only technical skills but also advanced competencies in communication, ethics, and decision-making in complex environments.[14] These nuances often go unnoticed in institutional strategies that focus predominantly on protocols and guidelines.

Transformational leadership in nursing emerges as a key facilitator in overcoming these barriers.[15,16] Leaders who adopt collaborative, motivational, and inclusive approaches are more likely to succeed in implementing EBP effectively.[17,18]

In real-world scenarios, this includes actively involving professionals in decision-making, fostering continuous education, and encouraging innovation. Nurse managers, in particular, play a central role in allocating time and resources, promoting access to scientific evidence, and reinforcing professional autonomy—conditions recognized and reinforced by Regulation 101/2015.[19]

Thus, EBP is a complex and demanding process that transcends individual effort. Its sustainable integration requires alignment between scientific knowledge, professional competence, organizational structure, and ethical commitment. Only through this articulation is it possible to ensure safe, effective, and person-centered care.

Clinical Governance

Clinical Governance emerged in the UK during the 1990s in response to serious failures in patient safety, and was later supported by the World Health Organization as a flexible model suitable for diverse national contexts.[20,21] In Portugal, this concept gained relevance through the Primary Health Care Reform (2005–2006), particularly with the creation of Clinical and Health Councils. At the hospital level, it materializes through Quality and Safety Committees, clinical audits, nursing-sensitive indicators, and clinical supervision programs.[22]

In this context, it is essential to integrate the classic managerial functions—planning, organizing, directing, and controlling—as the foundation of Clinical Governance. Planning involves defining goals and strategies based on evidence; organizing relates to the efficient allocation of resources; directing concerns leadership and team motivation; and controlling is associated with monitoring outcomes and implementing continuous improvements.[21,23,24]

From a practical perspective, these principles require not only managerial competence but also the ability to foster interprofessional collaboration and support knowledge translation into care practices. Professional regulatory bodies such as the Directorate-General for Health, the Portuguese Order of Nurses, and the Portuguese Association of Hospital Administrators (APAH) have issued guidelines that strengthen the application of Clinical Governance. The Order of Nurses, through its Standards for the Quality of Nursing Care, promotes a framework centered on EBP, ethical conduct, and patient safety.[25]

However, the effectiveness of such instruments depends largely on how they are operationalized at the institutional level and on the engagement of leadership in ensuring adherence. Leadership, especially when framed in transformational and shared models, positions nurses as strategic decision-makers. Despite notable progress, barriers such as resistance to innovation, fragmented information systems, and rigid hierarchies still compromise the maturity of governance structures. On the other hand, emerging technologies, such as artificial intelligence, offer new possibilities for real-time monitoring and risk prediction, provided they are used with critical discernment.[26,27]

Articulation between Evidence-Based Practice and Clinical Governance

The integration between Evidence-Based Practice and Clinical Governance is a strategic axis for delivering high-quality, safe, and person-centered care.[28] Clinical Governance, as a managerial and organizational model, fosters the incorporation of EBP by institutionalizing processes like clinical audits, professional development programs, risk management, and team engagement.[3]

These practices establish a systemic foundation that supports evidence use beyond the individual level, promoting sustainability and scalability.In today's rapidly evolving health systems, clinical decisions must be informed, agile, and context-sensitive. Clinical Governance[4] has evolved from a prescriptive framework into a dynamic quality management ecosystem that prioritizes innovation, efficiency, and shared responsibility.

Integrating evidence into core areas—such as quality improvement cycles, shared leadership models, and indicator-based performance assessment—amplifies the consistency and legitimacy of professional practices. Evidence from the literature supports the claim that this integration leads to tangible outcomes: better care quality, increased efficiency, reduced adverse events, and enhanced staff involvement in decision-making[7,10]. Nonetheless, persistent barriers remain. Human factors, including change resistance, communication breakdowns, professional overload, and a lack of critical thinking culture, continue to inhibit the effective application of evidence. In practice, this means that protocols alone are insufficient unless they are supported by leadership and governance structures that facilitate cultural and behavioral change.[20]

Leadership, therefore, assumes a central role. Professional governance, characterized by autonomy and co-responsibility, is essential for enabling EBP to flourish. Parker's model of shared governance[24] offers a useful lens to understand this: by decentralizing decision-making and fostering active participation, it promotes a climate of trust and continuous learning. In nursing, where professionals are closest to patient care, this model enhances the ability to lead change that directly improves outcomes.[21]

The effectiveness of Clinical Governance and EBP integration varies depending on institutional culture and local conditions. Adapting international frameworks to the Portuguese context is not only advisable but necessary to ensure relevance and sustainability.[22] Additionally, digital technologies such as artificial intelligence,[27] are starting to shape governance processes. When applied critically and supported by adequate digital literacy, these tools can strengthen real-time evidence analysis and enable more personalized, safe, and efficient care.[26,27]

CONCLUSION

The articulation between Evidence-Based Practice and Clinical Governance constitutes a strategic axis for ensuring safe, effective, and person-centered healthcare. This integration enhances the quality of decisions, promotes efficiency in resource use, and contributes to the sustainability of clinical outcomes.

The analysis of the literature reveals that, although this articulation offers clear benefits, it also faces persistent challenges: organizational resistance, lack of time and training, and structural limitations in leadership models. Overcoming these barriers requires transformational leadership, investment in professional development, and the promotion of a culture that values continuous improvement and critical use of evidence.

Clinical Governance provides the structural and ethical foundation to operationalize Evidence-Based Practice, while nursing leadership plays a key role in translating knowledge into practice. Thus, strengthening scientific literacy, digital competencies, and shared governance mechanisms is essential to advance organizational innovation and improve care quality and safety.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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